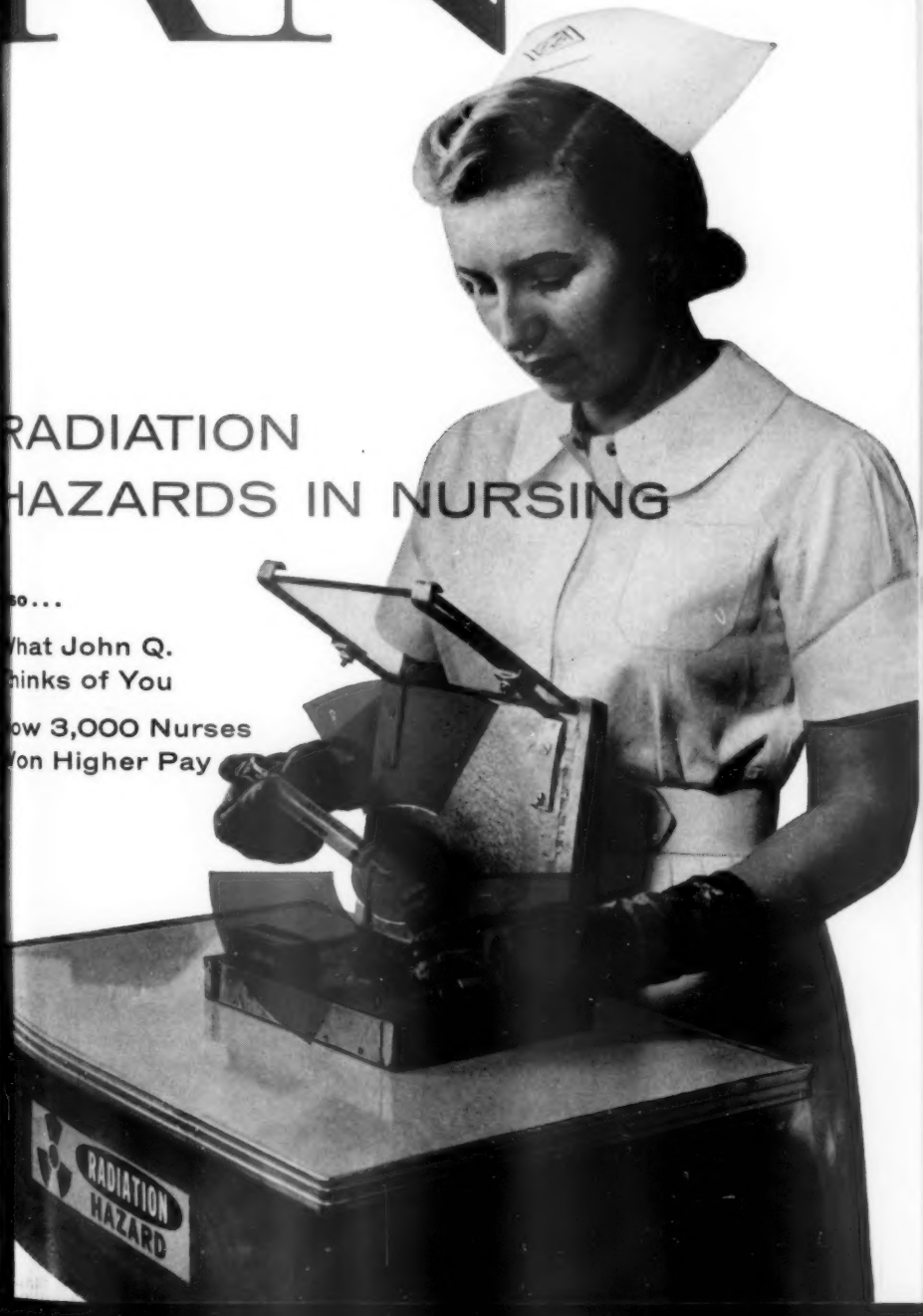
RN

OCTOBER 1958



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Pacquins Hand Cream's lanolin-richness completely protects extra-dry skin . . . gives more hands more protection than any other hand cream. Never sticky or greasy; vanishes quickly.

Pacquins was originally formulated for professional use only.

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RN contents

VOLUME 21 • NO. 10 • OCTOBER 1958

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CLOSED-SYSTEM INJECTION

TUBEX®

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whenever
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in delicious chocolate-like nuggets

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*U. S. P. UNITS — THAT UNITS

Dose: One Nugget per day
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OCTOBER 1958

RN

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for sunburn, cuts, minor burns, to stop the sting and make the patient more comfortable (especially the little ones)

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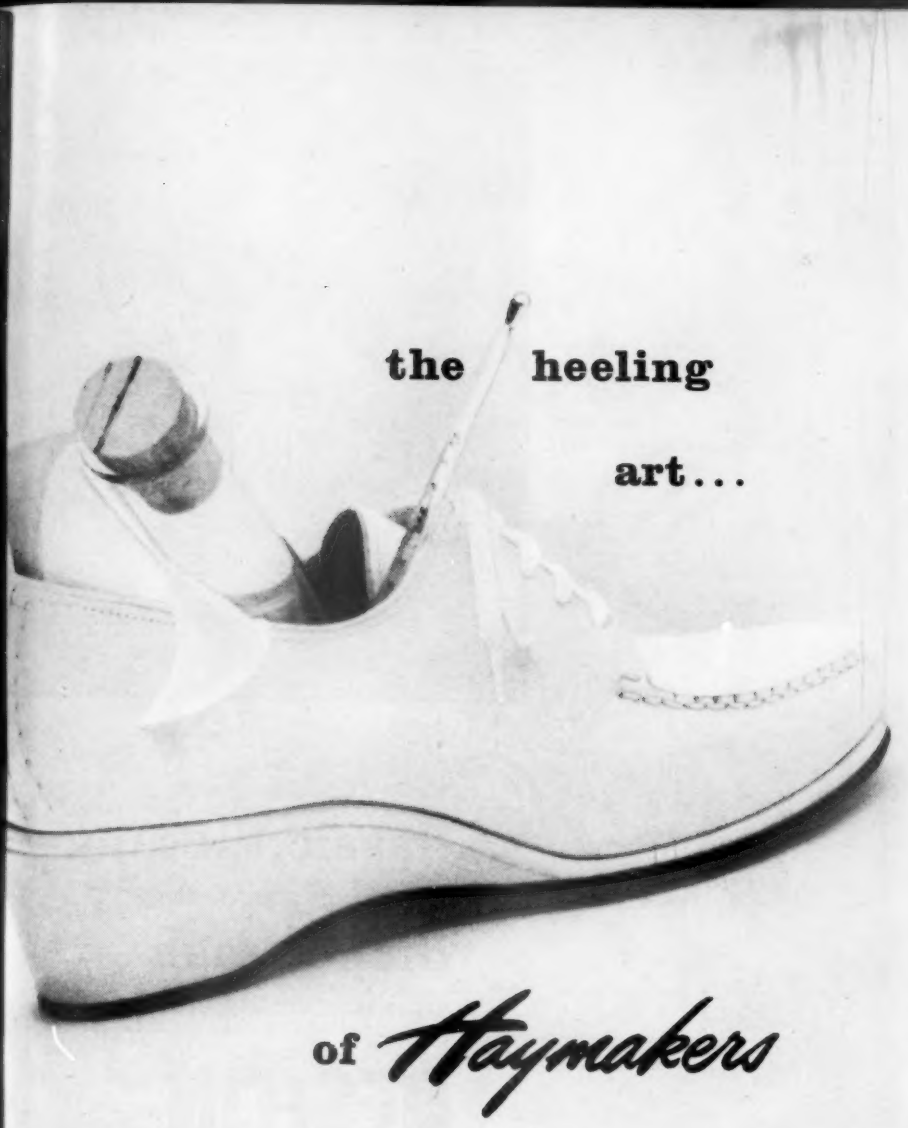
(dibucaine CIBA)

fast-acting, long-lasting topical anesthesia

OINTMENT, 1% in lanolin and petrolatum base; 1-ounce tubes with rectal applicator and 1-pound jars for office use. **CREAM,** 0.5% in water-washable base; 1-ounce tubes. **LOTION,** 0.5% in water-washable base; 80-ml. plastic squeeze bottles. **SUPPOSITORIES,** each containing 2.5 mg. Nupercaine® (dibucaine CIBA) base; boxes of 12.

CIBA

SUMMIT, N. J.



How much walking do *you* do? The average nurse heel-and-toes-it over 15 miles each day. When you think of this, you realize how much you depend on the shoes you wear for day-long comfort. Next time, make it Haymakers... insist on the shoes that pamper your feet, support without stint, in fine seamless shells of gentle kip calfskin, all cobbled by hand. For nearest store, write: **Haymaker Shoe Corp.**, Dept. RN, 47 West 34 St., N.Y.

"MOTHER"
by A. Lewin-Funke

Courtesy of
The Metropolitan Museum of Art

BETTER TOTAL EFFECT

in the temporary relief of minor

ARTHRITIC PAIN

Medical literature reports that an important facet of an analgesia is its total effect on the patient suffering pain.[1] Anacin provides fast and prolonged pain relief. In addition, Anacin Tablets exercise a *better total effect* by reducing emotional tension and leaving the patient more relaxed. They are especially useful in ameliorating voluntary muscle spasms encountered in rheumatoid arthritis. The physician should find Anacin helpful adjunctive therapy to such drugs as ACTH and cortisone. Well tolerated... Anacin can be taken over extended periods of time with no deleterious effects.

ANACIN®

WHITEHALL LABORATORIES, NEW YORK 16, N.Y.

Reference: (1) Hardy, James D.: The Nature of Pain, J. of Chronic Diseases, Vol. 4, July, 1956.

RN letters

NURSING REVISITED

DEAR EDITOR: After a twenty-year absence from active duty, I was petrified at the thought of working in a modern hospital.

But, vacationing in Florida last winter, I became bored. So, despite my fear, I applied for a job at the local hospital and was hired.

I spent my first day being oriented by the medicine nurse. Next day, *I* was medicine nurse.

For two weeks the going was rugged. But the job got easier day by day. At the end of four months, when I quit to go back home, I'd worked in nine departments.

I liked it so much I've been working ever since. My fear has vanished completely.

To older nurses who feel timid about resuming work, I say: Take a whirl at it; you'll love it. It gives you the feeling of being needed.

Also: It's a sure cure for the menopausal blues!

Vivienne Powers, R.N.
Grand Rapids, Mich.

LOAN CLOSET

DEAR EDITOR: Our local nurses' club (seventy-five members) sponsors a unique service that may interest similar groups elsewhere.

We call the project our "Loan Closet." Its purpose is to provide anyone in the community who's ill or convalescent at home with the free loan of needed equipment: wheel chairs, hospital beds, etc. (Often, too, we provide free part-time nursing service.)

Money to buy the equipment is raised through card parties and sales of baked goods, handicraft articles, and "white elephants."

Mrs. Kenneth Tucker, R.N.
Park Forest, Ill.

OPEN LETTER

DEAR EDITOR: Your article, "An Open Letter to My Hospital," came right to the point. Never have I read such a wonderful article! I recommend that it be reprinted in all local newspapers.

Eleanor Wasileuski, R.N.
Brooklyn, N.Y.

SMOKING ON DUTY

DEAR EDITOR: I've seen hospital nurses smoking in the halls. I've seen industrial head nurses smoking at their desks.

I know a supervisor in a TB sanatorium who goes to her room every half-hour for a smoke.

I know of nurses in large teach-

ing hospitals who keep a lighted cigarette handy and go to it every few minutes.

I was criticized recently for not wanting to accept a report from a nurse who was smoking.

I'm not trying to reform smokers; but I think there's a time and place for everything. The time to smoke is during coffee-breaks, rest breaks, or meals.

Eimada Knophloch, R.N.
Akron, Ohio

JOIN—OR ELSE?

DEAR EDITOR: My wife, an R.N., works for a large hospital. She's been told she must either join the A.N.A. or lose her job.

Does the A.N.A. sanction this "union shop" policy? Is nursing merely a trade?

If the A.N.A. is a professional organization, membership should be strictly voluntary—as in other professional groups.

Attorney, New Jersey

BEDSIDE vs. DESK

DEAR EDITOR: After having been inactive for several years, and feeling like a Rip Van Winkle, I return to find a civil war on in the nursing profession.

The question seems to be: Does the R.N. belong at the bedside or in the role of administrator, leader, or teacher of auxiliaries.

I believe R.N.s belong in all these places.

In medicine, some physicians work happily as general practition-

ers, some as specialists, and other as teachers and hospital administrators.

In nursing, too, I believe there a place for every R.N. She has only to decide where she belongs.

Ruth Hastings, R.N.
Warren, Ohio

DEAR EDITOR: One reason why today's students shy away from bedside care in favor of desk duty is that recruitment advertising constantly stresses *leadership*. Result:

The prospective nurse sees herself in a glamorous white uniform hustling the underdogs to their menial duties. What she fails to see is that these tasks, which appear disagreeable to her, are in fact rewarding. There's deep and true satisfaction in making a patient's hospital stay pleasant—if the student nurse only knew it.

R.N., New York

THOSE RH PICTURES

DEAR EDITOR: I am distressed to note that in your August article "Emergency Technique for Rh Babies," there is no mention of the fact that the pictures included were taken at The Children's Hospital of Philadelphia. I do not understand how you could permit such an oversight.

Thomas R. Boggs Jr., M.D.
Philadelphia, Pa.

RN *acknowledges this oversight and offers its sincere apology to The Children's Hospital.*—ED.

RN news

A.H.A. Acts to Revamp School Accreditation

Outspoken criticism of the way the National League for Nursing handles the accreditation of hospital schools made for lively debate at the American Hospital Association's recent Chicago convention.

Among other things, delegates criticized the accreditation program for (1) complexity of methods, (2) vague standards, (3) rigidity in faculty requirements, (4) mounting costs, and (5) lack of a plan to spread these costs more equitably among all hospitals.

Result: The Association's House of Delegates voted to request the League and the American Medical Association to join A.H.A. in establishing an independent joint commission that would take over the accreditation of hospital schools.

Other groups might "possibly" be represented on the proposed commission, which would "spread the responsibility and financing of the accreditation program more fairly among those who benefit from the services of [hospital-school graduates]."

The commission's authority would apply only to hospital schools. A proposal to extend it to all schools of nursing failed to win a majority vote of the delegates.

Oral Drug for Diabetes Appraised by M.D.s

A twenty-month study of tolbutamide (Orinase) by Drs. Hellmut Mehnert, Rafael Camerini-Davalos, and Alexander Marble of Boston shows that "the drug works best in middle-aged and elderly diabetics who otherwise would take relatively small doses of insulin."

In an American Medical Association report, these investigators say the chief advantage of this oral drug is its convenience for blind or highly nervous patients and for those with disabilities of the hands.

TV commercials in which an actress plays the role of nurse have been banned by the National Association of Broadcasters. Only an R.N. may play such a part, says the amended code.

Changes Made in Care Of Mentally Ill

Two new developments are changing the pattern of institutional care of the mentally ill, says the Na-

tional Association for Mental Health.

One is the "open-hospital" policy that gives patients the freedom of an institution's buildings and grounds.

The other is the rapid increase in the number of psychiatric services in general hospitals. Such services place the mentally ill on the same footing as other patients, instead of isolating them in institutions far from home.

Danger: Patient in Bed

Falling out of bed is the in-patient's most common accident, says Dr. Henry M. Parrish after a study at Manhattan's Mount Sinai Hospital. In a recent year, such falls accounted for 46 per cent of the institution's accidents, he reports, adding that 106 out of 283 falls occurred with side rails in place.

U. S. births were 7,000 fewer in this year's first quarter than in the same period last year. Analysts cite the business slump as one reason for the decline.

Scientists Are Screening 42,000 Cancer Drugs

Some inkling of the extensive research under way in cancer chemotherapy is gleaned from reports that:

¶ More than 42,000 synthetic chemicals and antibiotic culture filtrates have been received for screening in the cooperative program conducted by the Cancer

At any age

they welcome Ovaltine for extra nourishment

From pediatrics to geriatrics Ovaltine provides a rich source of the vitamins, minerals and other essential food elements required for the maintenance of a good nutritional state.

Ovaltine is a nourishing, well-tolerated beverage combining natural blandness with good taste. It produces a soothing and relaxing effect for the tense and nervous patient, particularly when taken at bedtime.

It is ideal for use where stimulating beverages should be avoided... ideal as nutritional fortification for patients on bland diets... or to help maintain a satisfactory nutritional level during physiologic stress.

Three servings of Ovaltine and milk provide:

12 Vitamins		13 Minerals	
*Vitamin A	4000 I.U.	including Calcium, Phosphorus, Iron and Iodine	
*Vitamin D	420 I.U.	CARBOHYDRATE	65 Gm.
*Ascorbic acid	37.0 mg.	*PROTEIN	32 Gm.
*Thiamine	1.2 mg.	FAT	30 Gm.
*Riboflavin	2.0 mg.		
Pyridoxine	0.5 mg.		
Vitamin B_{12}	5.0 mcg.		
Pantothenic acid	3.0 mg.		
*Niacin	10.0 mg.		
Folic acid	0.05 mg.		
Choline	200 mg.		
Biotin	0.03 mg.		

*Nutrients for which daily dietary allowances are recommended by the National Research Council.

A jar of Ovaltine will be sent for your personal use on request.

Ovaltine® *when extra nourishment is desired*

The Wander Company, 105 W. Adams St., Chicago 3, Ill.

Chemotherapy National Service Center, Bethesda, Md. (The program was set up in 1955.)

¶ At last count, 31,862 of them had been screened against animal tumors, and 239 had been found "of interest." After further tests, at least twenty are expected to be worthy of clinical trial.

¶ Some forty-five other compounds are being studied by clinicians representing 165 hospitals. (One finding so far: Certain toxic reactions, previously thought to be caused by drug administration, are actually manifestations of the disease itself.)

These and other developments on the cancer front are reported in a new 120-page report, "What Recent Research Progress Against Cancer?" It's available for 30 cents from the National Health Education Committee, 135 East 42nd St., New York, N.Y.

New Hoist Simplifies Lifting Patients

British inventors have come up with a device to spare the nurse's back. It's the Little Plumstead Patient Lifter—a hydraulic-powered portable hoist equipped with nylon "hands" and an interchangeable harness.

The hands are used when a patient is to be lifted from the bed and transported in a horizontal po-

sition to another room. The harness is substituted when he's to be moved in a sitting position from bed to bath or wheel chair.

In either case, says the British Information Service, the nurse has no lifting to do. She merely straps the patient securely into the proper rigging and touches the hoist's control lever. The apparatus does the rest.

New Grants to Nursing Total $1,473,800

It's a gift—$1,473,800.

And it's earmarked mainly for student recruitment and nursing education.

The financial aid comes from the Sealantic Fund, philanthropy founded by John D. Rockefeller Jr., and includes grants of:

$411,000 to the National League for Nursing for an expanded four-year program of student recruitment.

$165,000 to the N.L.N. for a consultant service aimed at furthering two-year training programs in junior and community colleges.

$10,000 to Teachers College, Columbia University, for intensive summer-course training of nurse-instructors.

$215,000 to the N.L.N. for distribution to universities planning to offer post-graduate training for nurse-instructors. MORE▶

In modern feminine hygiene and therapy

massengill® powder

The clean, refreshing fragrance of Massengill Powder is acceptable to the most fastidious for therapeutic or routine hygienic use. Solutions are easily prepared, convenient to use, nonstaining. They effectively cleanse, deodorize and soothe the vaginal mucosa, while their mild astringent properties tend to decrease vaginal secretions.

CLEAN-UP AFTER ANTIBIOTICS

Following intensive antibiotic therapy, many female patients complain of vulvar pruritus or vaginitis, and profuse vaginal discharge. Most of these present the classical picture of Monilia albicans, Trichomonas vaginalis or mixed infections. When these infections occur, regular use of Massengill Powder, with its pH of 3.5 to 4.5, helps restore the normal acidity of the vaginal tract. At this normal pH the growth of pathogenic organisms is inhibited and the growth of the normal vaginal flora encouraged.[1]

LOW pH RETENTION

Massengill Powder is buffered to retain an acid condition. In a recent study, ambulatory patients—with an alkaline vaginal mucosa resulting from pathogens—maintained an acid vaginal mucosa of pH 3.5 for a period of 4 to 6 hours after douching with Massengill Powder; recumbent patients maintained a satisfactory acid condition up to 24 hours. Simple acid douches are quickly neutralized by an alkaline vaginal mucosa, and are unsatisfactory in maintaining the required acid pH of the vagina.[2]

LOWER SURFACE TENSION

Massengill Powder in the standard solution has a surface tension of 50 dynes/cm. as compared to that of water and simple acid solutions with 72 dynes/cm. This added property enables Massengill Powder to penetrate into and cleanse the folds of the vaginal mucosa, thus increasing the therapeutic effectiveness. Lowered surface tension makes the cell wall and cytoplasmic membrane of the infecting organism more permeable and more susceptible to specific therapy.[2]

SUPPLY

Massengill Powder is supplied in glass jars of the following sizes:

Small, 3 oz.
Medium, 6 oz.
Large, 16 oz.
Hospital Size, 5 lbs.

Pads of douching instructions for patient use available on request.

REFERENCES

1. Lang, W.R., Rakoff, A.E., Am. Geriatrics Soc. *1*:520 (1953).
2. Arnot, P.H., The Problem of Douching, Western Journal of Surg., Obs., and Gyn., Vol. 62, No. *2*:85 (1954).

THE S. E. MASSENGILL COMPANY

BRISTOL, TENNESSEE

$322,800 to thirty-two colleges and universities for scholarship grants to students seeking a B.S. in nursing.

$350,000 for an intensive, patient-centered study of how hospital personnel and equipment may best be used.

Nursing-Home Care Called Inadequate

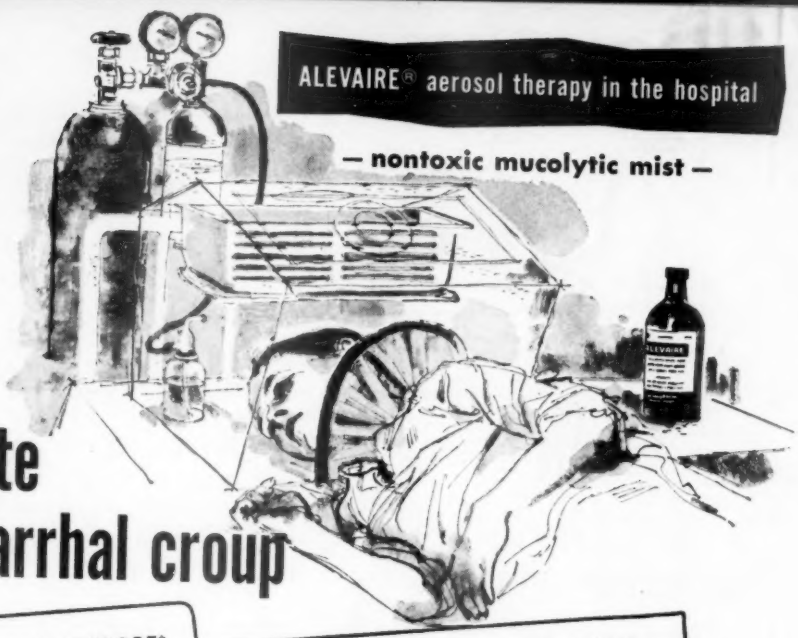
"Of the 900 facilities called 'nursing homes,' only 212 offer continuous supervision by professional nurses," reports New York State's Joint Hospital Survey and Planning Commission after a state-wide study.

The Commission notes that even in these 212 nursing homes, approximately 4,000 of the total 16,421 beds are located in buildings that are neither structurally safe nor fire-resistant.

Drug for Prevention Of Miscarriages

Obstetrical nurses may see fewer stillborn babies if the new synthetic hormone Provera (now on clinical trial) does what researchers expect of it.

An American Chemical Society report says this potent drug may help prevent miscarriages and premature births by acting like the ovarian hormone progesterone, which it resembles. MORE▶



ALEVAIRE® aerosol therapy in the hospital

— nontoxic mucolytic mist —

acute catarrhal croup

CASE REPORT*

D.D., a 2 year old male with fever, cough and laryngeal stridor of one day's duration, was hospitalized because of continued respiratory distress. Treatment had consisted of penicillin, injections and wet vapor inhalations.

Auscultation on arrival revealed harsh breath sounds on both sides and coarse rhonchi. Continuous crouping cough caused severe respiratory distress; the pharynx was injected and the tonsils were large. Diagnosis was acute catarrhal croup.

The child was placed in a croup tent with a humidifier, and antibiotics were administered. The condition did not change and Alevaire aerosol was begun in the evening. The cough gradually became easier and less frequent. The next day he rested comfortably, his temperature was reduced, no respiratory distress was noted, and the lungs were almost clear on auscultation. A day later no further therapy was required and the child was discharged on the fourth day after admission.

*Smessaert, Andre; Collins, V.J.; and Kracum, V.D.: *New York Jour. Med.*, 55:1587, June 1, 1955.

ALEVAIRE

has been dramatically effective in:

- neonatal asphyxia (due to inhalation of amniotic fluid, mucus obstruction, atelectasis)
- croup • laryngitis • tracheobronchitis
- pertussis • pneumonia • bronchial asthma
- emphysema • bronchiectasis • lung abscess
- pneumoconiosis • smoke, kerosene poisoning
- poliomyelitis (respiratory complications)
- routine oxygen therapy • tracheotomy
- prevention of postoperative pulmonary complications

Alevaire is supplied in bottles of 60 cc. for intermittent therapy and in bottles of 500 cc. for continuous inhalation therapy.

Winthrop LABORATORIES
NEW YORK 18, N. Y. • WINDSOR, ONT.

aire, trademark reg. U.S. Pat. Off.

Progesterone prepares the uterine lining for the fertilized ovum and maintains pregnancy to term. A lack of it leads to premature uterine contraction and expulsion of the fetus.

Rockaby, Nurse

Come feeding time at the nursery at Doctors' General Hospital in San Jose, Calif., and the R.N.s there do as Grandma once did: They bottle-feed their charges in a comfortable old-fashioned rocker. (It's a recent acquisition—and the nurses say they love it.)

Cancer costs the average patient an estimated income loss of $24,000 plus an outlay of $885 for medical and hospital bills, the National Health Education Committee reports.

Drug News Highlights Cancer Congress

Saccharolactone, a new oral drug developed in Britain, has shown promising results in preventing recurrent cancer of the bladder.

That's the gist of a report given to clinicians at London's recent International Cancer Congress. Dr. Milton Friedman of New York University calls the report "one of the most significant" presented.

Other news made by attendants at the meeting:

¶ Differences between cancer and normal cells in their utilization of guanine—a nucleic-acid constituent—could result in "a

in the season of

acute infections, extra

CITRUS

provides the increased

VITAMIN C

and fluid needed during

FEVER

to prevent deficiency and

help maintain resistance*

*Tisdall and Jolliffe note the systemic relation in animals between vitamin C and resistance to infection, with increased needs evident in upper respiratory streptococcal infections.

– In: Clinical Nutrition ed. by Norman Jolliffe et al. New York, Paul B. Hoeber, Inc., 1950, pp. 590-91, 637-38.

Florida Citrus

ORANGES • GRAPEFRUIT • TANGERINES

FLORIDA CITRUS COMMISSION • LAKELAND, FLORIDA

whole new basis for the chemical treatment of cancer," contends Dr. M. Earl Balis of Manhattan's Sloan-Kettering Institute. It is possible that an altered form of guanine, in sufficient quantity, might retard cancer-cell growth, he reports.

¶ Mitomycin C, a new antibiotic discovered in Japan, inhibits a virus-caused type of leukemia in animals, say Drs. Kanematsu Sugiura and C. Chester Stock, also of Sloan-Kettering Institute. They add that it's "effective in inhibiting sixteen different types of transplanted animal cancers."

¶ Two other Sloan-Kettering investigators, Drs. C. T. C. Tan and Joseph H. Burchenal, report that treatment with actinomycin D, an experimental antibiotic, resulted in objective improvement in one group of patients with various forms of cancer. Of fifty-four treated, 22 per cent showed slight but definite improvement, the doctors say. They also report objective responses when the antibiotic was used in combination with X-ray therapy.

Study Links Smoking To Death Rate

Smokers (and persons who've been smokers) have a 32 per cent higher death rate than nonsmokers, a study by the Public Health Service indicates.

The study, based on mortality records of nearly 200,000 veterans and including [MORE ON 95]

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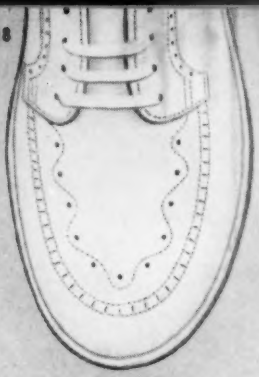

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for Young Women in White

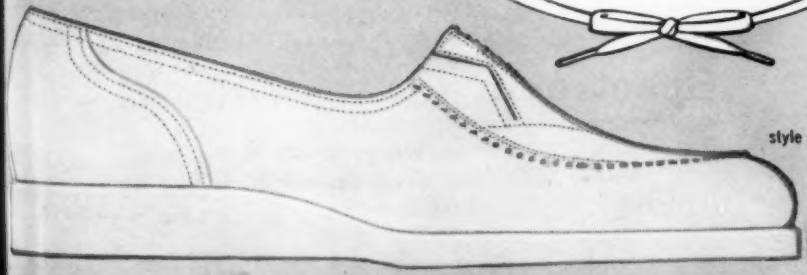
Nurses *love* Clinics' smart good looks . . . the comfort of their fine, soft leathers . . . the durability of their genuine Goodyear welts . . . and their superb fit in sizes 3½ to 12, AAAA to E. $8.95 to $10.95.

Conductive sole style $11.95,

RIPPLE® SOLE styles, $12.95.

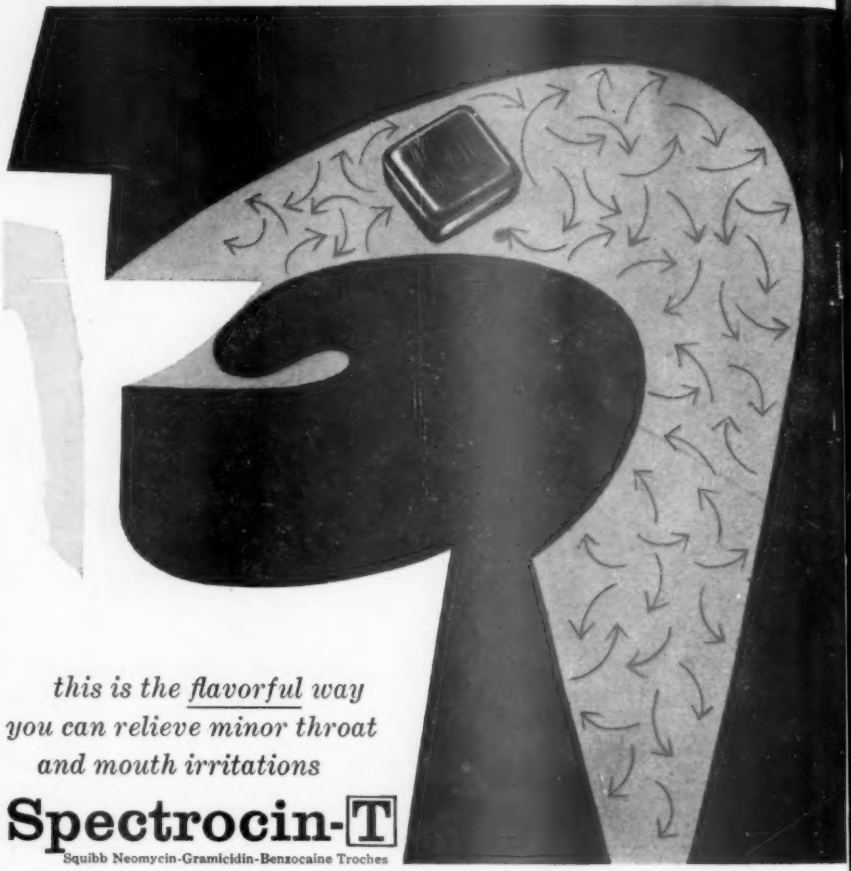
Your Free Gift!

Just write to us, to receive your complimentary pair of white shoe laces, folder showing all the lovely Clinic styles and a list of stores that sell Clinic!



style #305

Write to: **The Clinic Shoemakers**, Dept. RN-10, 1221 Locust St., St. Louis 3, Mo.



this is the flavorful way
you can relieve minor throat
and mouth irritations

Spectrocin-T

Squibb Neomycin-Gramicidin-Benzocaine Troches

Wide antibacterial spectrum: Each good-tasting, raspberry-flavored Spectrocin-T Troche contains 2.5 mg. neomycin and 0.25 mg. gramicidin for assuring a wide antibacterial spectrum.

Anesthetic action: 10 mg. benzocaine is included in each troche for its soothing topical anesthetic action.

Boxes of 10 cellophane-wrapped troches in a paraffin-sealed aluminum foil wrapper.

and . . . for topical antibacterial action that really gets to the site of the infection . . . use

Spectrocin

Squibb Neomycin-Gramicidin

LOTION smooth, free-flowing. ½ oz. plastic squeeze bottles

OINTMENT 15 and 30 Gm. tubes

OPHTHALMIC OINTMENT 3.6 Gm. ophthalmic tubes

SQUIBB

"SPECTROCIN"® IS A SQUIBB TRADEMARK

Kids love to chew

WHITE'S COD LIVER OIL CONCENTRATE TABLETS

Taste as good as candy and provide the average daily requirements of vitamins A and D—PLEASANTLY and ECONOMICALLY.

Each tablet contains vitamins A and D equivalent to one teaspoonful of U.S.P. cod liver oil. Bottles of 100 and 240 tablets.

WHITE'S COD LIVER OIL CONCENTRATE CAPSULES —whenever *high potency A and D vitamins* are required. Each small capsule provides 12,500 units of Vitamin A and 1,250 units of Vitamin D. Bottles of 40 and 100 capsules.

Also available: WHITE'S COD LIVER OIL CONCENTRATE DROPS Bottles of 6, 30, and 50 cc., with dropper.

White's

WHITE LABORATORIES, INC. *Kenilworth, N. J.*

RN

Should the Pregnant Nurse Work?

An opinion poll reveals differing—and thought-provoking—views

By Mary Sullivan, R.N.

Should the pregnant nurse continue to work? Opinion on this, judging from an *RN* poll, differs widely.

One school of thought is represented by a general duty nurse who says, "Certainly she should work. Up to the ninth month, if possible. If she's in good health and able to do her job properly, and if she doesn't *overdo* it, there's no reason in the world why pregnancy should interfere with her work."

"Not so," argues an inactive nurse who reflects the opposite view. "A pregnant nurse becomes a patient herself. She shouldn't work any longer than she can help. Carrying a full workload is far too dangerous."

Between these extremists are the middle-of-the-roaders. Many of them advise the nurse to stop work anywhere from the fifth to the seventh month. "After that time," says one, "she becomes clumsy and uncomfortable, and

can't do heavy lifting." Says another: "Beginning around the sixth month, she tires easily, often gets irritable, and just doesn't look very attractive in uniform."

Opinions of R.N.s

These are the views of half a hundred R.N.s questioned by this magazine at random. The nurses in question have worked while pregnant themselves or have observed pregnant coworkers. Most of them believe that the mother-to-be who's an R.N. should continue to work if she wants to, provided that her health is good, the work isn't too strenuous for her, her doctor approves, and she looks presentable.

A good indication of the pregnant nurse's affinity for work may be found in the growing volume of maternity uniform sales. One manufacturer says he was reluctant to offer a maternity uniform. He felt the demand wouldn't justify it. But his retailers pressured him into doing it.

The result? "Amazing! Sales have far surpassed our expectations."

More and more people—nurses included—seem to be coming around to the attitude that since gestation is a perfectly normal process, it should be taken in one's normal stride. Social taboos no longer keep the mother-to-be behind closed doors.

Many a leading obstetrician these days lets his pregnant patients be just about as active as they like. Most nurses in this condition, though, aren't working just to be active. Like other married women whose husbands make only modest incomes, they're working to buy washing machines, TV sets, cars, and a generally higher standard of living for themselves and their growing families.

Then and Now

The nursing shortage, too, is serving to keep these R.N.s busy. Twenty years ago, most hospitals wouldn't have thought of keeping a pregnant nurse on the job. Now, by contrast, many are urging them to stay just as long as they can. So much so that one nurse says plaintively: "Some nursing directors seem to feel that a nurse can *always* work."

If the results of this magazine's inquiry are at all indica-

tive, most hospitals today let a nurse work as long into her pregnancy as she wishes. Some require that she leave by the fifth, sixth, or seventh month; but these institutions are not in the majority.

A hospital administrator interviewed recently said, "Not infrequently, a pregnant nurse whose condition doesn't show much will gain a month or two by simply not telling when her baby is due."

A school nurse reports that she is subject to a teacher policy that allows her to work only during the first four months of pregnancy. After that, she must take a two-year leave of absence.

A private duty nurse reports that her registry will not assign cases after the fifth month. An office nurse, on the other hand, says that she can work until the onset of labor if she chooses to.

Is the work-as-long-as-you-like policy of some hospitals a wise one? Nurses are divided on this. Those who approve say that a staff nursing job helps the pregnant nurse to meet her physical,

emotional, and financial problems simply and simultaneously. Some add a reminder about the average hospital's desperate need for nurses.

Several stress the advantage to the pregnant nurse of working in an OB or pediatric section, or in a clinic or ward where patients can help themselves. Some suggest evening and night shifts where there are fewer visitors and less tension and confusion. Part-time duty and desk work are recommended also, although some objections are raised toward too much sitting.

Some of the Risks

Those who would limit the pregnant nurse's hospital working period cite the obvious hazards: overexertion, heavy lifting, the chance of falling. Some object that the pregnant nurse makes it necessary for others on the staff to work harder. Such a nurse needs help, of course, in turning patients and in moving equipment. Occasionally, patients won't ask a pregnant nurse to do certain things, but will ask someone else instead.

Another criticism: The pregnant nurse hampers the head nurse in making assignments. And she may stir up resentment among some of those who have to bear part of her workload.

A number of respondents to the poll insist that hospital work is bound to be strenuous and that all shifts are hard work. Pregnant nurses, they say, don't always *get* a choice of assignments. Apparently, only a few hospitals will put them on night shifts, assign light duties, or transfer them to OB wards. Generally, they have to work where they're told.

There's no doubt that a heavy workload often prevents a pregnant nurse from working as long as she'd like to. Here's what one of them has to say:

"I was fortunate in having a supervisory job. Had I been doing strictly floor duty, I couldn't have stayed as long as I did. If pregnant nurses were transferred to wards where the work is light, many could carry on for as long as eight months."

Work vs. Relaxation

Does continuing to work usually have an adverse effect on the pregnant nurse's health? "No," say a third of the nurses questioned. "Yes," say another third. "It depends on the nurse's condition and on the type of

work she does," say the cautious remaining third.

The "no" group thinks nursing duties help prevent excessive weight and that they aid relaxation and improve sleep. One respondent says dryly: "The pregnant nurse's health may well suffer more if she *doesn't* work. Her finances may worry her sick."

The "yes" opinions stress the possibility of overexertion. Varicosities and backaches are often mentioned. Some respondents insist that the working pregnant nurse runs a greater chance of losing her baby. "Most nurses tend to neglect their health anyway. Pregnant nurses are no exception," warns one.

How Patients React

What about patient-reaction to a nurse well along in her pregnancy? About half the respondents say the pregnant nurse's appearance affects patients adversely. Many believe that patients hesitate to ask her for services they really need, because they feel sorry for her.

One respondent says she doesn't approve of the pregnant nurse working on a men's ward because of the comment she engenders. Another objects that "her appearance is not professional."

Those who disagree say that attractive maternity uniforms have caused a complete change in patients' attitudes. Several add that women patients enjoy talking with the pregnant nurse because her condition brings out the motherly instinct in them.

'One of Them'

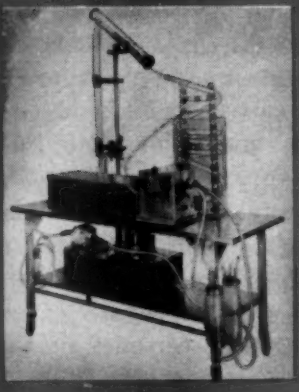
One nurse who is herself pregnant says, "In my condition I find obstetrical patients especially pleasant to work with. They look upon me as one of them."

Patient reaction to the pregnant nurse is summed up by one respondent in these words: "OB patients are happy to have her take care of them. Pediatric patients are curious and full of questions. Most male patients seem to believe she should be at home. Older persons resent, welcome, or pity her, depending upon their background.

"It's my personal opinion," this nurse concludes, "that the reason the pregnant R.N. works is either necessity or love of her profession. So why should patients—or anyone else—object? They're the ones who gain most from her staying at the job." END

The Artificial Heart-Lung

By Patricia D. Horgan, R.N.



In the humid O.R. of New York's Mount Sinai, seventeen men and women work with calculated speed. The life blood of a chubby 3-year-old boy streams through a system of plastic tubes —an artificial heart-lung.

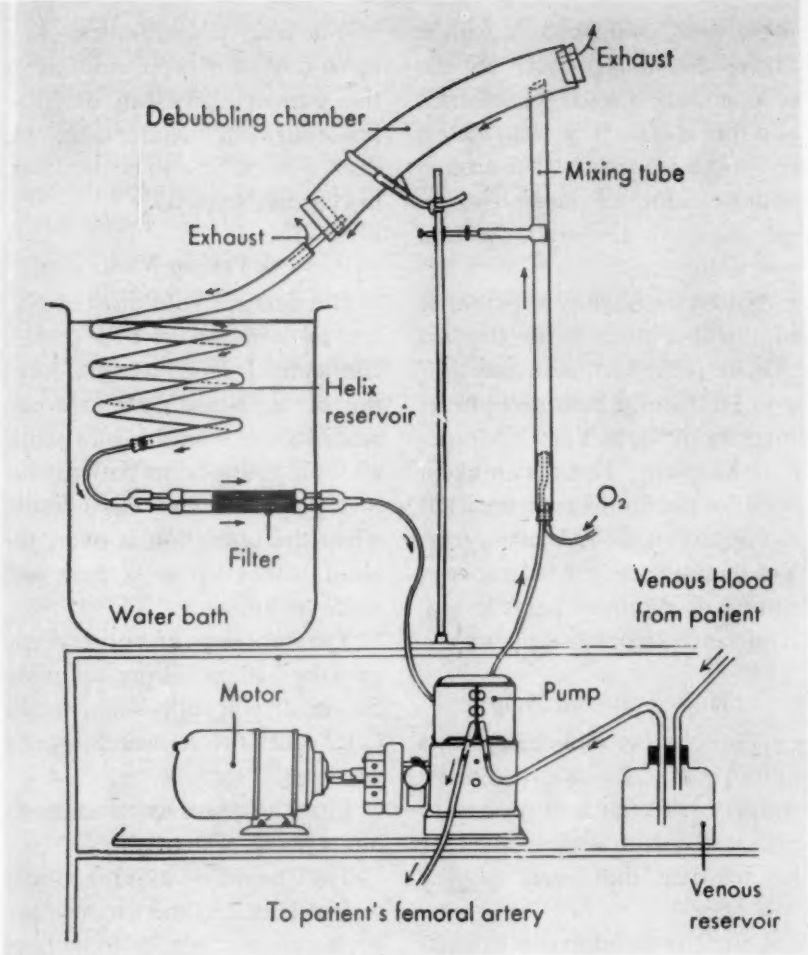
Skillfully, the surgeon makes an injection directly into the boy's heart. Soon the heart lies motionless before him. It's ready for surgery.

Such open-heart operations are increasingly important in the treatment of children and young adults suffering from congenital and acquired cardiac defects. Stenosed valves and atrial and ventricular septal defects once considered hopeless can now be alleviated.

What makes these surgical procedures possible is the development of the pump-oxygenator, or artificial heart-lung, which shunts blood out of the body to bypass the lungs and the heart.

A motor-driven pump takes over the pumping action of the heart. An oxygenator, substituting for the lungs, restores oxygen to the blood. This leaves the heart "bloodless" for an hour or more allowing extensive repairs with good visibility.

Use of the pump-oxygenator



HELIX RESERVOIR PUMP-OXYGENATOR for open-heart surgery. In cardiac bypass, venous blood from cavae drains by gravity through catheter into reservoir and is pushed along by pump into mixing tube. In mixing tube, oxygen bubbles through blood. Carbon dioxide and excess oxygen escape at exhaust. Oxygenated blood then flows by gravity through debubbling chamber and helix, and out through filters. After that, blood is pumped back into femoral artery. Helix is immersed in warm water bath of 41 degrees centigrade to maintain normal blood temperature.

is, at best, complicated. And it makes heavy demands on the surgeon, anesthetist, technician, and nurse. The R.N. who serves on this team needs a thorough understanding of medical-surgical nursing, diet therapy, and psychology.

"Often the healthy appearance of a heart patient belies the fact that he is, in fact, seriously ill," says Dr. George Robinson, heart surgeon at New York's Montefiore hospital. "This may make it hard for the family to bring itself to consent to the risk of surgery. Yet the fact remains that a congenital or acquired heart lesion, if left untreated, can be fatal."

How You Can Help

As the nurse in a case of this kind, you may be able to give the simple reassurance necessary to convince an anxious patient or his relatives that heart surgery will help.

Once the decision is made and an operation is scheduled, you'll find your work cut out for you.

You will, for example, assist with the comprehensive physical evaluation that's made first. This includes catheterization studies, X-rays, and extensive blood work.

You'll give antibiotics, do a three-day skin prep, and weigh the patient daily (an essential procedure in determining the rate of blood flow to be used during cardiac bypass).

A Pre-op Visit

But perhaps your most important job will be to give the patient confidence. The recovery-room nurses at New York's Mount Sinai Hospital do this by visiting all their young heart patients before surgery begins. As a result, when the operation is over, the child wakes up to a face and voice he knows.

The morning of surgery you give the patient his pre-op medication. If you follow him to the O.R. and stay to watch, here's what you'll see:

First the anesthesia and cardiology teams take over.

They begin by making a final weight check to the exact gram. Then comes gentle induction, followed by light general anesthesia, maintained by endotracheal tube.

A gastric suction tube and an indwelling catheter are passed. Electrocardiograph and electroencephalograph leads are attached to the patient and mon-

itored on an oscilloscope. Blood pressure, another vital sign, is monitored as well.

The EEG readings during cardiac bypass are especially important, for changes in them may indicate brain hypoxia. This condition occurs if the blood circulating in the machine is not receiving enough oxygen.

One way to control the oxygen demand is to regulate body temperature within a normal range. The patient is often placed on a blanket through which either a warming or a cooling fluid circulates.

Then the operating team steps to the table.

The chest cavity is entered through a transthoracic or midline incision. Thoracotomy tubes are inserted and attached to well-marked suction bottles. Every ounce of drainage will be carefully noted to determine the

"I'm all finished, Mr. Johnson. What are you waiting for—the Purple Heart?"

amount of fluid replacement required later, since exact fluid balance is essential.

As the operation gets under way, two clamped-off polyvinyl catheters for venous drainage are passed through the right atrial wall of the heart into the inferior and superior vena cavae. Tapes, slipped and tied about these vessels, will shut off blood flow into the heart.

The right femoral artery is exposed. Another plastic catheter (also clamped off) is threaded through it and up into the iliac artery. Freshly oxygenated blood will return to the body via this route. (Some surgeons use the left subclavian artery instead.)

The Set-Up

In a crowded corner of the room, meanwhile, the machine team (usually made up of a physician and technician) is priming and testing the pump-oxygenator. Earlier, it assembled the presterilized disposable plastic parts and the pumps. It also set up duplicate stand-by apparatus.

The equipment is designed to minimize damage to blood constituents. For example, resistance to blood flow is cut by using collapsible plastic tubing with large lumens and graduated connections. Angles and bends are avoided.

Surfaces coming in contact with blood flow are absolutely smooth (coated with silicone) to prevent platelet destruction. Traps and filters prevent the entrance of air or clot emboli.

Pumps are sealed to prevent contamination. They push the blood along by a gentle "massaging" action. (One type of pump was inspired by a mechanical milking machine.)

Priming the Pump

The machine is primed with about 2,000 cc. of fresh, warmed donor blood. To get enough blood for priming and possible transfusion (eight to nine pints), as many as forty donors may have to be typed and cross-matched with the patient and each other.

An hour before the patient is ready to be "hooked up," a last-minute check of all parts is made and the donor blood is pumped through. While the blood is in transit the oxygenating process takes place by either (1) bubbling oxygen through the blood or (2) spreading the blood in a thin film over a screen. A reservoir of oxy-

genated blood collects and "layers out" in the helix. Heavier, bubble-free blood sinks to the bottom of the tubing, where it is ready if hemorrhage occurs when the heart is opened.

Then comes a climactic moment:

Into the Heart

The heart is bared. The tapes over the cavae are tightened. The aorta is double-clamped just above the coronary arteries. The catheters are connected to the pump-oxygenator and unclamped.

The machine churns into action. Venous blood drains from the patient and is pumped through the tubing. At the same time, oxygenated blood is pumped back into the patient. (About two and a half minutes are needed for a drop of blood to come full circle.)

During the next fifteen to sixty minutes (the period considered safe for use of the pump-oxygenator), blood will flow at rates ranging between 60 and 100 cc. per kilogram of body weight per minute. Some, but not all, surgeons believe slower rates contribute to hypoxia.

If the surgeon has to make extensive repairs, he may induce so-called controlled cardiac arrest. Here he injects potassium citrate or acetyl choline solution into the coronary arteries. This paralyzes the heart during cardiac bypass and facilitates surgery.

After the heart is closed, the clamp on the aorta is removed and oxygenated blood perfuses the myocardium, "flushing out" the drug. If the heart fails to respond, a high-voltage electric current may be used to restore beat and overcome fibrillation.

Finally the last skin suture is in, and the recovery-room team swings into action. Expert nurses and a resident physician will "special" the patient through the next twenty-four to forty-eight crucial hours, perhaps longer. (The average recovery-room stay for patients with open-heart surgery is three to five days.)

Post-op Problems

R.N.s Dorothea Westlake and Carole Daly of Mount Sinai's recovery room describe some of the problems:

Nurses have to be physiological bookkeepers, keeping detailed records of vital signs, intake, output, and deviations in

the ECG and EEG readings done at the bedside.

Especially important is the job of maintaining the patient's lung expansion and restoring negative pressure in the thoracic cavity. This is done by means of an airtight suction system, sealed under water.

Nurses check the amount and character of drainage from this. They must always clamp the tube before emptying the drainage bottle, keep tubes free of kinks, and "milk" them frequently to prevent formation of blood clots. Also, they must watch for signs of pneumothorax or hemothorax.

They help the patient change position frequently. He may assume any position of comfort, usually Fowler's.

They show the patient how to breathe deeply and how to support the operative site while he coughs.

They provide deep tracheal suction to free the upper respiratory tract of secretions.

They give oxygen (by nasal catheter or in a tent), thoroughly humidified to prevent formation of crusts in the upper respiratory tract.

Besides being responsible for these demanding jobs the nurse on an open-heart surgery case must be prepared for any emergency that may arise. Dr. I. D. Baronofsky, chief of surgery and head of the cardiac surgery team at Mount Sinai, puts heavy emphasis on this. He says it means being familiar with and anticipating the need for anything from a tracheotomy set, electric defibrillator, or artificial pacemaker, to the technique of cardiac resuscitation.*

Not Perfect Yet

Much progress has been made since pioneer Dr. John Gibbon first experimented with the pump-oxygenator in the Thirties.

The University of Minnesota's Dr. C. Walton Lillehei has perfected the disposable plastic oxygenator. But mechanical circulation still produces disturbing changes in blood: hemolysis, defibrination and denaturation of protein.

Heart block after surgery is another major problem. And the effects of cardiac bypass on vital organs, such as the brain, kidney, and liver, also [MORE ON 88]

*See "Resuscitation for Cardiac Arrest," *RN*, June, 1958.

More than you may realize, your success in relations with doctors, patients, and lay people depends on . . .

What John Q. Thinks of You

By Eileen McGloin, R.N.

Every nurse has at some time or other been stopped dead in her tracks by an ingenuous remark of some patient, casual acquaintance, or friend.

Take the man who tells a rough joke in your presence. If you show any embarrassment, he may exclaim: "But you're a nurse, aren't you? Why should *you* mind!"

Or take your former boss, the one you worked for as a secretary before you went into training. When you tell him proudly that you're an R.N. now, he may say compassionately, "Good grief! Couldn't you have found something better than *that*?"

Spontaneous comments of this kind show all too vividly the speaker's subconscious nurse-image—the stereotype

that flashes into his mind when he hears the word "nurse."

Where do people get these ideas? What is it about nurses that makes the public regard them as it does? How can we let people know what a nurse really is?

These questions have bothered members of our profession for a long time. Now, thanks to nurse-sponsored research, we have some clues to the answers.

How Attitudes Differ

One of a group of studies that was published recently for the American Nurses Association* shows that a person's nurse-image is determined basically by his age, sex, and socio-economic status. True or false, this image is very real to him and he thinks and acts as he does because of it.

In Kansas City, where the study was made, sociologist-researchers carefully classified all persons surveyed. Among them they found marked differences in attitude toward R.N.s.

Members of the lower-income group, they learned, regard nurses most favorably of all. The most *un*favorable nurse-images were found among doctors.

How You Rate

Here is the order of the reactions (from most favorable to least favorable) of these and other groups interviewed:

1. Lower-income group
2. Women
3. Persons with R.N.-friends
4. Persons who have been cared for by R.N.s
5. Men
6. Upper-income group
7. Persons who have had no R.N. contacts
8. Doctors

To lower-income people, the nurse appears as a protective, motherly figure—someone much more patient and kind than persons in authority usually are. Women see the nurse as a kind of superwoman—not as a result of her "superior education" but because of her exemplary personal qualities. (Exception to the average woman's nurse-image is found among women of the upper-income group, who apparently think of nursing as being "not quite ladylike.")

Unlike women, men tend to emphasize the nurse's "training,

*"Twenty Thousand Nurses Tell Their Story" by Everett C. Hughes, Helen M. Hughes, and Irwin Deutscher. Philadelphia: J. B. Lippincott Co., 1958.

education, or knowledge." They view this erudition as a threat to the male role.

In the upper-income group, both men and women exhibit an attitude of condescension and disdain toward nurses.

Doctors over age 60 find nurses "obedient, sympathetic, and loyal." Young doctors, striving to assert themselves, think of the nurse as an upstart, "encroaching on their traditional male superiority"—an efficient, hard-boiled young woman who knows more than is good for her.

Now, what do these nurse-images reflected by the survey mean to you?

Effect on Your Work

In the first place, the attitude other people have toward your profession can affect your attitude toward your work. If you see yourself as a woman of status in the community, you can't be happy when your patients and their visitors treat you like a well-trained servant. If, on the other hand, you imagine the nurse as a sort of detached administrator whose main job is to help keep the hospital machine running smoothly, you'll be embarrassed and uncomfortable when your patients look to you for sympathetic personal care.

But what other people think of you is only part of the picture. What you think of yourself is even more important. As the survey-makers point out: "Before any group can hope to be accorded high prestige by others, it must have confidence in itself."

Effect on Your Future

Without doubt, the nurse-images of the different groups that make up our population will have a profound cumulative effect on the future of the nursing profession. Today's R.N. is steadily acquiring more education, more skill, and more responsibility. As her contribution to the community grows and as she becomes, more and more, a professional figure in her own right, she will expect her economic and personal rewards to keep pace. This won't happen as long as public opinion is bogged down by unfavorable concepts of the nurse as a sort of upper-level domestic and as long as the nurse's self-esteem suffers because of these concepts.

The most significant finding of the five-year study is that

people who've been cared for by R.N.s or have come to know them exhibit clearly favorable nurse-images.

Also noteworthy is the fact that nurses continue to attract so many young women to their profession. These things suggest that R.N.s individually and collectively can do a pretty fair public relations job if they just seize the opportunity.

Changing the Picture

A strong bit of evidence that nurse-images can be changed is to be found in another study devoted to student nurses. The sociologists sum it up in this way:

"Although all seniors agree on their picture of the ideal nurse, freshmen in the various schools differ significantly on this point. Therefore, it can be concluded that nursing education, in whatever kind of school, eventually brings about similarity in the students' ideals."

Since student nurses are recruited from all socio-economic groups (the sociologists say the profession is now attracting more than its expected share of applicants from the upper end of the scale), it seems evident that even the deeply embedded nurse-images peculiar to the various groups can be rooted out and replaced.

It's Up to You

The authors make no recommendations. They see in their findings "only hints, not answers." They say that answers involve judgments which none but nurses should make for themselves.

This puts the responsibility squarely on us as nurses to bring about changes in the public viewpoint. Here are some of the questions we'll have to wrestle with first:

Mistaken Identity?

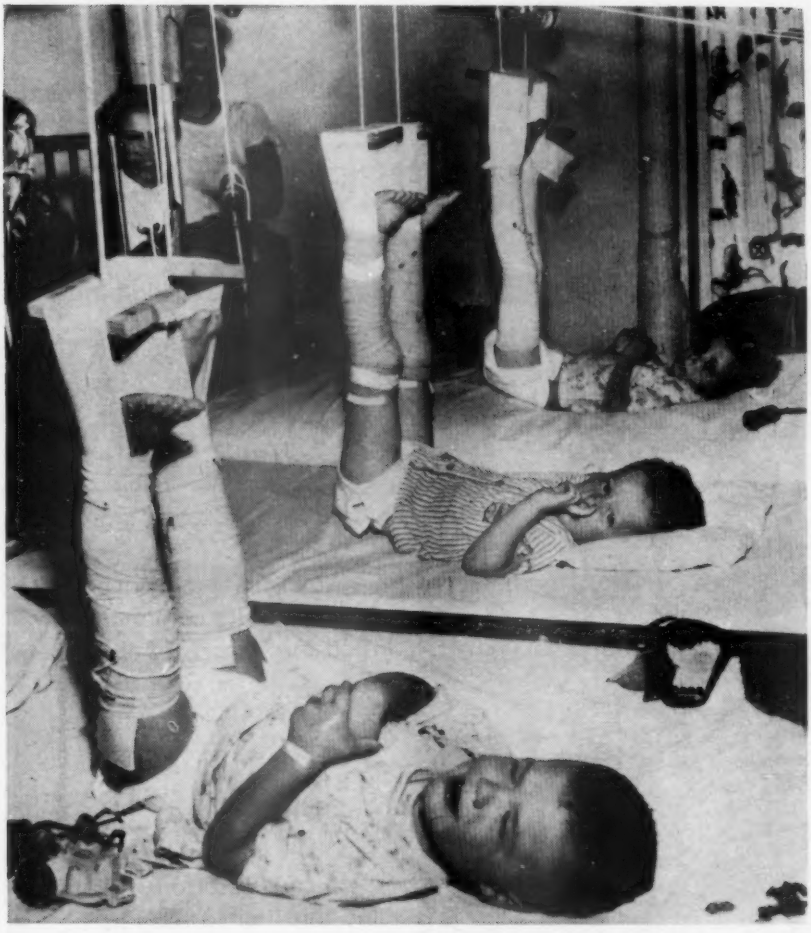
Is part of the public's reaction to nurses based on a failure to distinguish between the R.N. and other personnel, whose training and status are not comparable?

Are any of the less flattering nurse-images justified to any degree?

If so, what can we do about them?

Only after we've answered these questions, it seems, will we have a sufficient sense of direction to plan an intelligent campaign for re-educating the general public. END

Three Mishaps Put Trio in Traction



Three separate accidents, each resulting in a leg fracture and each requiring nursing care, brought this trio of youngsters together at a St. Cloud (Minn.) hospital. Tim Brenny (front) fell off a tractor. Jeffrey Skumatz (center) was hit by an automobile. Eddie Bienick (rear) crash-landed from a ladder. Their ages: 2, 3, and 4, respectively.

The CORTICOSTEROIDS

By Morton J. Rodman, PH.D.

Ten years ago Dr. Philip Hench of the Mayo Clinic gave cortisone, a natural adrenal hormone, to some crippled arthritis patients. Their dramatic improvement made medical history.

After that, cortisone and related steroid compounds were tried for all sorts of clinical conditions—often with striking success in minimizing pain and disability.

But the natural adrenal hormones had drawbacks, too. They had to be given in high doses that often caused serious side effects; and this limited their use.

Now there has been another breakthrough in corticosteroid research: The organic chemists

THE AUTHOR *is professor of pharmacology at the College of Pharmacy, Rutgers University, Newark, N. J.*

IDS A Progress Report

have come up with synthetic steroids far more potent and much less toxic than those the body makes. As a result, many chronically ill patients who couldn't take cortisone-type drugs can now be treated.

The first synthetic corticosteroid was formed by slipping a fluorine atom into the complex structure of the hormone, hydrocortisone. The product, fludrocortisone, suppressed inflammation ten times as well as the parent compound. But it also caused "water-logging"—a progressive increase of salty fluids in the tissues. So it couldn't be given internally.

Applied topically, however, fludrocortisone often brought rapid relief of skin and eye inflammations. In fact, because this synthetic steroid worked so well, it sparked several "crash" research programs.

The first fruits of this stepped-up research were prednisone and prednisolone. These compounds differed only slightly in structure from cortisone and hydrocortisone but had four times their potency with no corresponding increase in salt-trapping.

The chemists then fluorinated prednisolone and made still further modifications in its molecule. One result is triamcinolone[1], a compound claimed more powerful and less toxic than prednisolone. Still another derivative is a doubly fluorinated steroid[2] that's not yet on the market but is said to be 400 times as active as hydrocortisone in animal tests.

The latest additions to the synthetic steroids have a methyl

[1] 9 alpha-cluoro 16 alpha-hydroxy-prednisolone, marketed as Aristocort (Lederle) and Kenacort (Squibb).

[2] 6-alpha-9 alpha-difluoroprednisolone, under investigation by Upjohn.

group hung on to fluoroprednisolone. Some say this protects the steroid from breakdown by body enzymes and lets it act longer.

A Powerful Punch

Early clinical reports on these methylated corticosteroids indicate that they pack a powerful punch against arthritis. One of the family, hexadecadrol*, is claimed to be six to eight times as potent as prednisolone. And neither hexadecadrol nor any of its chemical cousins has yet shown any undesirable "water-logging" effect.

Of course these newer corticoid compounds are by no means free of toxicity. They can cause all the familiar side effects of overdosage with the natural hormones—for example, "moon face," acnelike eruptions, and hirsutism.

They can also cause loss of weight by keeping the body from building up protein. What's more, they may break down bony tissue to produce osteoporosis, a condition that can lead to spontaneous compression fractures of vertebrae.

*16-alpha-methyl 9 alpha fluoroprednisolone, to be marketed as Decadron (Merck Sharp & Dohme).

Despite these and other possibilities (including diabetes, peptic ulcer, and psychotic reactions), the corticosteroids can be given with a measure of safety. But this requires great care, especially when large doses and prolonged use are indicated in chronic illness. The drugs should be administered only in acute flare-ups and in doses limited to the amount necessary to control symptoms.

Make It Gradual

Close observation can reveal signs of steroid overdosage. In such cases the drugs should be withdrawn gradually, never abruptly. Reason: Their use may have caused the patient's adrenal glands to atrophy, leaving him abnormally susceptible to infection and other stresses.

It's also important during this period of depressed adrenal activity to give the patient corticotrophin (ACTH) continuously. This pituitary hormone stimulates the sluggish adrenals to make more hormone to replace the drug that's being withdrawn.

One group of chronic, disabling conditions benefited by the corticosteroids are the collagen diseases, such as rheuma-

Adrenocorticoid Compounds

Natural Adrenal Steroids and Derivatives

Official or Generic Name	Trade Name or Synonym
Adrenal Cortex Extract	A.C.E.; Eschatin; Lipo Adrenal Cortex
Aldosterone	Electrocortin
Desoxycorticosterone acetate, U.S.P.	Cortate; Decortin; Decosterone; Doca (Acetate); Percorten (Acetate)
Cortisone acetate, U.S.P.	Cortone Acetate; Cortogen Acetate
Hydrocortisone, U.S.P.	Cortef; Cortril; Hycortole; Hydrocortone
Hydrocortisone acetate, U.S.P.	Cortef Acetate; Cortril Acetate; Hydrocortone Acetate
Hydrocortisone Cyclopentylproprionate, N.N.D.	Cortef Fluid
Hydrocortisone sodium succinate, N.N.D.	Solu-Cortef
Hydrocortamate hydrochloride, N.N.D.	Magnacort

Synthetic Corticosteroids

Fludrocortisone acetate, N.N.D.	Alflorone Acetate; F-Cortef Acetate; Florinef Acetate
Prednisolone, N.N.D.	Delta Cortef; Hydeltra; Sterane; Prednis; Meticortelone; Paracortol
Prednisolone 21-phosphate	Hydeltrasol
Prednisone, N.N.D.	Deltra; Deltasone; Meticorten; Paracort
Methylprednisolone	Medrol
Triamcinolone	Aristocort; Kenacort
Hexadecadrol	Decadron

toid arthritis, lupus erythematosus, and scleroderma.

In rheumatoid arthritis, cortisone produces a remarkably swift regression of symptoms. Pain abates. Swollen joints shrink to normal size. And the happy patient can move muscles and joints that were "frozen" stiff.

A Variety of Uses

These steroids are also effective in inflammatory and allergic conditions of the skin and mucous membranes. The application of hydrocortisone to the itching, weeping lesions of poison ivy or contact dermatitis often brings marked relief. And giving the drugs by injection in more serious dermatoses, such as pemphigus or exfoliative dermatitis, may save or prolong the patient's life.

The drugs in this group are also valuable in treating eye inflammations which can cause permanent visual damage if unchecked.

By suppressing such reactions, the steroids reduce pain from the pressure of exudative fluids and prevent fibrotic scar tissue from forming. Meanwhile, antibiotics and sulfonamides may be given to stop the spread of infection.

If used when infection is present, corticosteroids must be combined with chemotherapeutic agents. This is because the steroids forestall the typical tissue defense reactions by which the body localizes infection.

It is for this reason that steroids have always been contraindicated in tuberculosis. Yet some doctors now call for an about-face. They say cortisone-type compounds may actually save lives in some of the fatal forms of tuberculosis. They point to recent reports of how steroids have halted rapidly progressing pulmonary and miliary TB and tuberculosis meningitis. They say this indicates that they may be safe, even essential, in the critical stages of still other overwhelming infections.

Not a Sure Cure

The main objection to the steroids is that they don't really root out disease. As soon as people stop taking them, symptoms return in all their severity. And often patients who have taken steroids for prolonged periods develop toxic reactions that force them to give up the drugs.

Fortunately, the chemists do seem to be coming closer to the ultimate goal: compounds in which therapeutically desirable properties are divorced from undesirable ones. But we can do a lot with the drugs we have—if we use them skillfully. END

The Bus That Wasn't

The little old lady had been admitted for a series of tests. But she was thoroughly disoriented and needed constant watching.

Repeatedly, she would head for the elevator. Just as often, I would lead her back to her room.

"I must get home," she kept telling me. "This hotel is delightful; but I have baking to do, and dusting, and . . ."

By the end of the day, I was just about at my wit's end, trying to prevent these get-aways, when help came from an unexpected quarter.

An ambulatory patient—a middle-aged man who'd been watching us—intercepted my protégée and said, "I'm going home, too. Come with me and I'll show you to the bus stop."

That did it. Without a murmur she followed him to the sun parlor—which, she agreed, was a fine place to wait for the bus.

They chatted pleasantly all evening. Come bedtime, he explained that the bus was delayed and suggested a fresh start in the morning. Grandma readily accepted the idea and went to bed.

The ruse was continued all next day—with excellent results. Chattting sociably hour after hour, she seemed to have forgotten the bus completely.

Only when her relatives came to take her home did she remember. To the man who'd been waiting with her at the sun-parlor "bus stop," she offered this parting remark: "I guess it's broken down. You'd better do what I'm about to do and take a taxi."

—FRIEDA SCHWARTZ, R.N.

For each previously unpublished anecdote accepted, RN *will pay $10 to $25. Address: Anecdotes,* RN, *Oradell, N.J.*

1958
$305

How 3,000 Nurses Won Higher Pay

. . . And how, via a notably successful economic security program, they also gained better working conditions and improved fringe benefits

By John W. Lane

1947
$150

Nurses who seek fairer pay scales are learning that where there's a will, there's a way—even though the will must be shared and the way may be hard.

Take a look at what's happened in Minnesota's Twin Cities (Minneapolis and St. Paul), for example:

There, in 1947, general duty nurses were getting a minimum starting salary of only $150 a month, contrasted with a national average of $187 a month. By 1956, the Twin Cities' starting salary had climbed to $282.50, leaving the national average behind at $262. Now, in 1958, general duty nurses in Minneapolis-St. Paul enjoy a minimum starting salary of $305, plus other benefits that reportedly put them even farther ahead of the national averages.

The key to the success of the economic security program of nurses in the Twin Cities and in Minnesota as a whole is collective bargaining, undertaken there for the first time in 1947.

How did this come about? Whatever prompted Minnesota nurses to turn to collective bargaining? Why should they have resorted to a mechanism used traditionally by labor unions?

Their answer, in effect: "We've learned from our dealings with hospital administrators that collective bargaining gets results and other devices don't. It's as simple as that."

The Minnesota story actually begins twenty years ago. In 1938 an economics committee of the Minnesota Nurses Association made proposals for improving salaries, working conditions, and fringe benefits. These proposals were submitted periodically thereafter to hospital administrators and boards of trustees all over the state.

What resulted? Nothing. Hospitals turned a deaf ear to the nurses' requests.

They did, that is, until 1946, when two developments helped get the nurses' program underway. The first was a policy statement by the American Nurses Association, encouraging statewide economic security programs. The second was a move by union organizers in the Twin Cities area.

A handful of Minnesota nurses had belonged to a local union since the mid-Nineteen Thirties. Now C.I.O. and A.F.L. organizers felt the time was ripe to offer the benefits of organized bargain-

ing to the Minnesota profession at large. So they arranged a mass meeting in Minneapolis, and invited all Twin Cities nurses to attend.

Few did. So the effort to organize nurses flopped. But it at least focused attention on the acuteness of the nurses' problems.

By the following year—1947—Minnesota's economic security program was really beginning to amount to something. A special executive for collective bargaining and economic security had been engaged by the State nurses' association. And a contract had been negotiated with a St. Paul hospital.

After Ten Years

Today no less than forty-seven (23 per cent) of the state's 206 hospitals are under firm contract. And the combined agreements cover almost half of Minnesota's 7,000-odd hospital nurses (the largest number so covered by a work contract in any one state). Many hospitals sign such contracts merely, of course, to be able to compete for more nurses. Even hospitals not under contract tend to keep abreast of local contract provisions so that they can modify their own policies to conform. (The State nurses' association does not negotiate in behalf of hospital nurses unless there are at least ten on the staff.)

Hospital Resistance

In its early days, Minnesota's economic security program for nurses met stiff resistance from hospitals. In September, 1947, for example, just as the M.N.A. was in the midst of an effort to negotiate with more than seventy Minnesota hospitals, the State hospital association issued this statement to the press:

"Minnesota hospitals have been advised by their state association not to bargain [at this time] with the Minnesota Nurses Association... [but to] deal with the nurses individually . . ."

As it happened, general duty and head nurses in the seventy-odd hospitals had already signed authorizations designating the M.N.A. to act on their behalf. And a number of the hospitals had by then agreed to meet with the nurses' representatives.

What gave Minnesota nurses their greatest advantage, though, was the State's unique Labor Relations Act. This law recognizes the right of employes to form la-

bor organizations and to engage in collective bargaining; but, unlike the Federal (Taft-Hartley) law and most state labor laws, it does not exempt nonprofit hospitals from its jurisdiction. On the contrary, the Minnesota act compels hospitals to recognize and bargain with the elected representatives of their employes.

All that Minnesota nurses had to do, then, in the face of hospital opposition, was to turn to their state labor council conciliator for assistance. And they've been turning to him, as occasion demands, ever since.

Some hospitals that have contracts with the M.N.A. do not renew them. But other hospitals

PROBIE

"Lend me your bandage scissors."

are signing up all the time. The long-term result has been a steady increase in the number of hospitals and nurses with written agreements. (Ragna Gynild, the M.N.A. executive secretary, stresses the fact that the State nurses' association negotiates with a hospital only when asked to do so by that hospital's nurses.)

How It's Done

The mechanics of contract negotiation are far from simple. In Minnesota, they're considered to be worth the year-round attention of two full-time negotiators, trained in across-the-table bargaining.

Mildred Johnson and Geraldine Wedel, the present incumbents, are both young, attractive R.N.s. But a hospital administrator who has negotiated with them says, "Those women are as tough to do business with as any man."

Minnesota nurses are represented not only by these State association representatives, but also by an elected economic security chairman in each hospital. When a contract comes up for negotiation, the local chairman meets with the M.N.A. representatives to draw up a set of conditions agreeable to the nurses. The State association then works from this document in negotiating with hospitals.

When the 1957 Twin Cities contract was under consideration, the M.N.A. met with hospital administrators sixteen times before they reached a settlement. Negotiations took this course:

Sixty days before expiration of the old contract, as required by law, the M.N.A. notified Twin Cities hospitals that it wished to renegotiate. The nurses' proposed terms accompanied the notification.

Hospitals Counter

Two weeks later, the Twin Cities Regional Hospital Council notified the M.N.A. of its willingness to negotiate and, in turn, sent along counter-proposals. (Offering such counter-proposals is entirely within the terms of the agreement, but 1957 was the first year in which the hospitals exercised the privilege.)

Nearly two months of debate and bargaining then followed, after which M.N.A. representatives took a modified version of their original demands back to the Twin Cities nurses. The latter agreed to [MORE ON 90]

Be Glad You're YOU

...and not a team-mate of DOROTHEA DIX

By Frances H. Bormida, R.N.

. . . Help Wanted: Female . . . LADY NURSES *urgently needed to minister to our sick and wounded soldiers. Applicants must be over 30 and unattractive. No training or experience needed. Opportunity to learn sanitation. Wages $12 a month. U.S. Sanitary Commission, Washington, D.C.*

Would this advertisement cause you to drop everything and immediately wire: HAVE CAP WILL TRAVEL . . .?

Not likely. Yet it approximates the recruitment approach taken in the early days of the Civil War. And, oddly enough, this approach got results:

The Sanitary Commission—despite its ego-deflating requirements and shallow "incentives"—signed up some 2,000 would-be Nightingales.

Responsibility for organizing and instructing them fell on the frail shoulders of a 58-year-old woman: the commission's newly appointed superintendent of fe-

male nurses, Dorothea Lynde Dix (see cut on page 61).

Soft-spoken socialite though she was, Miss Dix ruled her domain with a firm hand. Army doctors both feared and respected her. Some, no doubt, criticized her privately if not openly. But none had the authority to override her orders—the strictest of which was that her nurses be of mature age and utterly plain in looks and dress.

'Why Lady Nurses?'

The nurse-recruit, under Miss Dix, soon learned that all was not glamour and coffee-breaks in this man's Army. To most medical officers, for instance, she was persona non grata. "Why lady nurses?" they asked. "Haven't we done all right up to now with male orderlies?"

It took work—hard, endless work—to break down this prejudice. Only slowly did the medicos give up the notion that these female nurses had been foisted upon them by members of the influential upper crust who had nothing better to occupy their minds.

But to the footsore and battle-scarred troops, the nurse was a terrestrial angel, no less. She it was who tenderly dressed a man's wounds as he lay bleeding in the field. She it was who held a gill of wine to his lips while he underwent a leg amputation on an improvised operating table set up under a tree. She it was who remained at his side in the horse-drawn ambulance as it jounced over miles of rough roads. And she it was—as he breathed his last on the mud-caked floor of some village church that had suddenly become a "hospital"—to whom he entrusted a final message to his loved ones.

All this and more was part of the war nurse's daily experience. Indeed, history records but few of the services she gave—many of them far beyond the call of duty.

On the long grueling marches, for example, she often relieved a man of his heavy gun or knapsack lest he collapse from exhaustion. Sometimes she even had to forage for food to feed her patients and herself. (For days at a stretch, their rations might consist of nothing but hardtack, raw pork, and water.)

Remember, too, that she got no formal training. There was no 1860 version of World War

II's cadet corps program. Hospital schooling wasn't necessary, the Sanitary Commission felt.

So it was up to the neophyte to wheedle what knowledge she could from a fellow-nurse who had in turn wheedled what she knew from some none-too-cooperative doctor.

Add to this an ever-present and major wartime hazard: sepsis. In Civil War days, asepsis, as we know it now, was practically nonexistent; and the Sanitary Commission, despite its name, gave less therapeutic importance to hospital sanitation than to diet.

As payment for her long hours, anxiety, heartache, and abuse, the plucky Civil War nurse received the munificent sum of $12 a month. Only after several promotions in rank could she get the top figure: $20.

That her services merited far greater glory than she received is now clear. But . . aren't you glad you were capped nearly a century later? END

"When you have a few minutes, Doctor, will you give *me* a check-up?"

Rid yourself of fear and doubt by understanding the nature and extent of

Radiation Hazards

n Nursing

By Frances Elder, R.N.

You'd be the first to assure your patients of the value of X-rays and radioisotopes. And you'd probably play down their fear of radiation hazards. Yet, to be honest, haven't you sometimes wondered how much risk of radiation *you* run in nursing?

One nurse says: "I'll admit I'm a little scared. I wouldn't want to deal with X-ray patients as a regular thing. And I'd think twice about doing radioisotope nursing."

Are such anxieties justified?

Dr. Clifford E. Nelson of the U.S. Public Health Service's Radiological Health Medical Program answers this way:

"Actually, nurses may be subject to more radiation hazards off the job than on the job. They are exposed to cosmic rays, fallout from nuclear-weapons tests, and possibly such dangerous devices as shoe-fitting fluoroscopes."

He does concede that radiation can be an occupational danger for those who work in radiology departments or deal with radioisotopes. But, though the danger exists, he emphasizes it can be avoided.

Dr. Leland J. Haworth, director of Brookhaven National Laboratory, says: "Complete safety is possible if the necessary rules and procedures are followed. Danger lurks only for the uninformed or careless."

Admittedly, some nurses are still "uninformed." Recently a radiation inspection team found a special duty nurse sitting near the bed of a patient who had just received radium. She was unaware of being irradiated by her patient.

To avoid such needless ex-

posure, radiologists urge you to understand the ABCs of radioactivity.

First, what is radiation? Very simply, it's energy streaming outward from its source, as along the radii of a sphere. You've *felt* one kind of radiation coming from a hot-water bottle. You've *seen* another in the light emitted by a light bulb.

But radioactive radiation defies the senses: You can't feel or see it.

'Excited' Atoms

Scientists describe it as a stream of fast-moving particles or waves thrown off by "excited" atoms whose nuclei are trying to become stable. Elements containing these "excited" atoms are called radioisotopes, or more precisely, radionuclides.

Some radioisotopes, like radium, are found in nature. But most of them are made to order in nuclear reactors. X-rays are also man-made. They are beamed from atoms "excited" by high-voltage machines.

How Long They Last

Radioisotopes stop discharging energy when the nuclei of their atoms become stable. In fact, each radioisotope has its own rate of decay or "half-life" (the time required for the disintegration of one-half of its atoms). Thus, the half-life of radiogold (Au-198) is 2.7 days; that of radioiodine (I-131), eight days; and that of radium (Ra-226), 1,700 years.

Why should the half-life of a radioisotope interest you? Because it affects your safety; and knowing something about it helps you give better nursing care.

Suppose your patient has had radiogold instilled in his body. If you know that 95 per cent of this radioisotope's activity will be gone in about ten days, you can gradually modify your safety precautions and spend more time with your patient (under a radiologist's direction, of course).

Radium Is Different

On the other hand, if you know that there's no such dramatic reduction in the activity of radium, you'll be constantly on guard against exposure to patients undergoing radium therapy. You'll also realize that radium—unlike many of the new radioisotopes—cannot be left to decay in the patient's body.

Make no mistake: Radiation can be dangerous. The radiant energy of X-rays and radioisotopes is so tremendously powerful that it can penetrate the atoms of human cells, change their structure, and weaken or kill them. Because it does this by creating electrically charged pairs of particles called ions, it is described as having "ionizing" effects.

Four Kinds of Rays

The chief types of ionizing radiations are (1) alpha, beta, and gamma rays, and (2) X-rays.

Alpha radiations have the most ionizing power. Though they can't travel through the skin, they can still be dangerous. If material giving off such rays is inhaled, swallowed, or placed under the skin, it may do grave damage.

Beta rays, on the other hand, can penetrate tissue slightly and burn the skin. Like alpha rays, they too may cause internal damage if their source is inhaled or swallowed.

Gamma rays come from radioisotopes and X-rays come from high voltage machines, but their action is the same. Ability to pierce tissue makes them medically valuable as well as hazardous. Thick lead shielding offers protection from both types of rays.

When ionizing radiations penetrate tissue, they can alter or destroy body cells. But if exposure is slight, it's unlikely there'll be any lasting harm. The body, with its trillions of cells, seems able to withstand at least some cell injury.

As exposure increases, however, so does the danger.

Sometimes the results of overexposure do not show up for months or years. The reason? Altered cells can germinate large numbers of defective cells. Thus, a technician who repeatedly exposes her hand to X-rays may, many years later, lose a finger because of insidious tissue destruction.

Certain tissues, such as bone marrow, are particularly sensitive to radiation exposure. So is a growing embryo, which may become malformed after even a slight dose.

Reactions Vary

Individuals, too, react differently to radiation. Children and pregnant women, for example, are more likely than other per-

sons to accumulate radiation effects that will cause trouble in later years.

Persons who get massive doses of radiation from laboratory accidents, atomic explosions, and other sources, show such immediate effects as vomiting, diarrhea, and possibly GI bleeding and such subsequent effects as erythema, hair loss, depression of blood-forming organs, and sterility. Later, they may develop radiation cataracts, bone necrosis, or cancer.

Fortunately, the body can recover from extensive cell damage. But there's no chance of its recovering from the harmful genetic effects of radiation. For it is true that defective genes may be passed on to children and grandchildren.

Even so, geneticists aren't worried about an influx of bizarre monsters in the population. They merely warn that if current exposure of our gonads to radiation continues, the proportion of persons with congenital defects may increase. Some scientists are especially alarmed by radiation's possible life-shortening and debilitating effects on future generations.

These, briefly, are some of the hazards of radioactivity that doctors weigh against its diagnostic and therapeutic assets. And these are the hazards that you as a nurse could encounter in working close to radiation. END

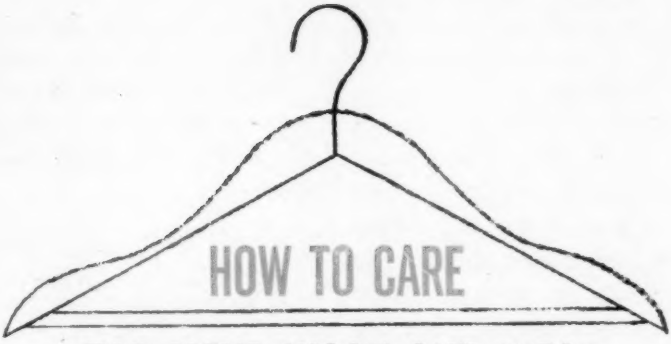
This is the first of two articles on radiation. How the nurse is protected against radiation hazards will be outlined in the second article.—ED.

Medical Delinquent

The cunning calorie lies in wait,
The waistline to exterminate.
Forewarned, am *I* forearmed and wary?
Not very.

—MARGARET EVELYN SINGLETON

For each previously unpublished anecdote accepted, RN *will pay $10 to $25. Address: Anecdotes,* RN, *Oradell, N.J.*



HOW TO CARE FOR YOUR WASH-AND-WEAR

Seven ways to achieve that sparkling white, professional look

By Evelyn Pastore, R.N.

Neatness is one of the virtues Sir William Osler called essential to the good nurse. And with today's wash-and-wear uniforms, virtue and convenience can go hand in hand.

But because synthetic materials are still so new and because so many of them are appearing on the market each year, there's understandable confusion about how to care for them so as to achieve neatness.

To get whatever useful pointers I could, I interviewed four leading uniform manufacturers. I also talked with people at the Good Housekeeping Institute Laboratories, where the question of wash-and-wear clothes has been studied exhaustively; at Du Pont, where many of the synthetics originated; and at a number of other organizations having pertinent information.

The suggestions of these experts may be summarized in a set of "Standing Orders for the

Care of Wash-and-Wear Uniforms," as follows:

1 *Read and follow the washing instructions that come with your uniform.*

Synthetic fibers are not all alike. When blended in various percentages with each other and with natural fibers, the differences between them multiply. So don't treat all wash-and-wear fabrics alike. Instead, keep the washing instructions for your uniform in a handy place.

2 *Launder your wash-and-wear uniform after every wearing.*

Not only will this simplify and speed the washing process, but it will also prolong the life of the fabric and keep it whiter.

3 *Wash your uniform by itself or only with other white, lint-free clothing.*

If you disregard this rule, your uniforms may not actually take on color. They may become dingy.

4 *Wash your uniform thoroughly—preferably with heavy-duty soap.*

And make sure the water is warm or cool—not hot. This lessens wrinkling.

5 *Do not squeeze or wring your uniform.*

Du Pont cautions that squeezing or wringing should be avoided during the entire washing process.

6 *Hang your uniform on a colorless or plastic hanger.*

Who hasn't learned this lesson the hard way? It's as basic to drip-dry as square corners are to bed-making.

7 *If ironing is needed, use only low temperatures.*

Most uniforms look better with a bit of ironing; but, again, follow the directions given on the tag on your uniform.

Besides these rules that apply generally to all wash-and-wear, I picked up some suggestions with more particular application.

For instance, almost everyone I queried about wash-and-wear uniforms recommended the use of Calgon to condition the wash water and the rinse water. Calgon is designed to keep the water soft and to clear it of film that

can cling to and discolor your uniform. Makers of this product suggest that a paste of Calgon and soap be applied to soiled areas of the uniform, especially to hems, seams, collars, and cuffs. Let the paste remain on the garment for some time before washing, they advise.

Now how about bleaches? Ordinary oxidizing bleaching agents, such as those made of chlorine, may work wonders with one wash-and-wear uniform and create havoc with the next. Everything depends on the finish of the fabric.

Some finishes are impervious to chlorine. Others have an affinity for it that causes the uniform to turn yellow and tear easily after a few washings. If bleaches can be used, the tag attached to the uniform will say so.

The same is true of whether a uniform can be washed in an automatic washing machine and dried in an automatic dryer.

The Good Housekeeping Institute recommends short washing periods of approximately five minutes.

Opinions differ on spin drying. But there's general agreement that whatever spinning and drying are done should be for short periods and at low temperatures (140-170°F). Many uniform companies still urge the drip-dry method, cautioning you only to smooth seams, collars, and cuffs at the time the uniform is still wet.

In summary, wash-and-wear is here to stay. And so, is the well-groomed nurse. END

Miracle Drug

On the doctor's orders, I had just put some drops in the patient's eyes to dilate them. He asked if the drops would affect his sight in any way. I told him that he'd have trouble reading for a day or so, but that he could drive a car all right. Whereupon his wife, who was waiting for him, spoke up: "That's interesting. He couldn't drive a car before he came in here."

—HELEN JUHL

For each previously unpublished anecdote accepted, RN *will pay $10 to $25. Address: Anecdotes,* RN, *Oradell, N.J.*

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Here I Have Found Peace

BY JEAN MCINTURFF, R.N.

It isn't easy watching a brother die. The flames had burned him horribly. And although his nurses worked valiantly, he lived but a few hours.

He had sacrificed his life to save that of another—a total stranger—trapped in a filling-station fire.

* * *

My brother's heroic act and the devoted efforts of his nurses moved me profoundly. I realized as never before what a God-given opportunity we have in this life to help others . . .

So I resolved to enter training—to dedicate myself to the care of the sick.

Many years have passed since then—years that have brought me peace and satisfaction as a professional nurse. In the words of Florence Nightingale, "I want nothing else. My heart is filled. I am at home."

* * *

Yes, nursing has its own special, heartwarming rewards. Even at the end of a hectic day, when you go

---

THIS ARTICLE *has won one of the* 1958 RN *Awards for its author, a nurse in the Pineville Hospital, Pineville, Ky.*

off duty dog-tired, you're inwardly happy: You know you have contributed something worthwhile to the world.

You also know that in serving your fellow man you serve God. Jesus made this clear: In referring to a cup of water given to a sufferer, He said, "Inasmuch as ye have done it unto one of the least of these My brethren, ye have done it unto Me."

In the structure that is nursing, the desire to do for others is the very keystone. Without that desire, educational background means little. I'd rather, any day, be a practical nurse with the right attitude toward the sick than a degree nurse without it.

* * *

Much of life must, of necessity, be spent in earning a living. What a blessing, then, to be happily employed while building financial security! In nursing, I've been that fortunate.

True, our profession is no Utopia. Nor is any other. All life has its ups and downs. Yet for being a nurse I'm deeply thankful.

To have eased the pain of a child with a broken arm . . . to have comforted a woman dying of cancer . . . these are among the incomparable rewards of a life dedicated to humanity. END

Emotional Control in Mastectomy Nursing

By Morton Bard, PH.D.

"I always thought I was pretty competent, but now I'm not so sure."

There was an obvious note of tension in the attractive young nurse's voice.

"Breast Service," she said, "makes me either so blue I could burst into tears or so irritated I could take the head off every patient I go near. Why?"

She asked this question at one of the group sessions we hold for nurses at Memorial Hospital. We talk about cancer, about the patients who have it, and about the attitudes of nurses who care for such patients.

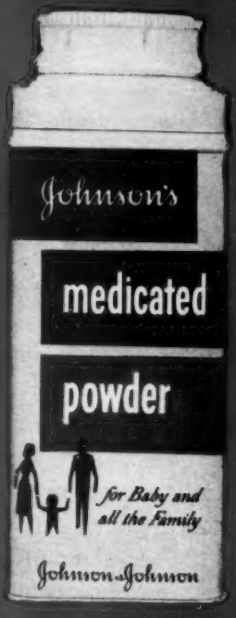
The problem of the young nurse quoted is not unusual. We find that dealing with mastectomy patients is one of the hardest jobs cancer nursing poses.

Some nurses are not suited to it and never will be. Their tensions can become so severe that they have to be assigned to different units.

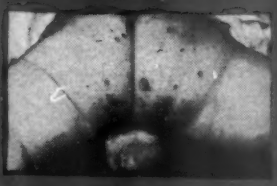
Others achieve some under-

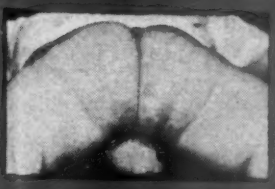
THIS ARTICLE *reflects the thinking of a staff psychologist and of staff nurses at the Memorial Center for Cancer and Allied Diseases. A later article will report what physicians and patients have to say on this important issue. Dr. Bard is affiliated not only with Memorial but also with the Sloan-Kettering Institute and with the James Ewing Hospital, all in New York City.*

NOW... FOR PATIENTS OF ALL AGES



prevents and relieves skin discomforts—aids healing
superior antibacterial action*





Top: Patient R. R.—Severe "diaper rash" with secondary infection at start of treatment, 12/26/56.

Bottom: Eight days after treatment with JOHNSON'S MEDICATED POWDER, 1/2/57. Almost complete clearing of initial rash and of secondary infection.

clinically effective: routine use reduces substantially the incidence of common rashes of infants and young children. Particularly effective in both preventing and modifying the course of "diaper rash" of various etiologies.

twofold antibacterial action: the combination of hexachlorophene and para-chloro-meta-xylenol provides potent antibacterial effect—curbs primary infections, helps prevent secondary infections.

twofold anti-ammonia action: specific inhibition of urease plus antibacterial action against urease-producing bacteria check ammonia formation—prevent diaper rash and ammoniacal dermatitis.

twofold absorbent action: two moisture absorbents combat maceration, chafing, irritation—keep skin cool and dry.

JOHNSON'S MEDICATED POWDER provides unexcelled dry lubrication. Ideal for sensitive skin—completely safe for babies and children.

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New Brunswick, New Jersey

standing of their own feelings as well as of the psychological difficulties of their patients. These nurses are able to give the warm, uncritical care that a mastectomy patient needs.

Women who have had surgery for breast cancer obviously undergo a period of considerable emotional stress. The nurses who care for them sometimes have problems too—though in thinking primarily about the patient we may lose sight of this.

Just as the breast means different things, psychologically, to different patients so also it has different meanings among the nurses who care for these patients. To the young nurse mentioned, physical attractiveness is an important factor in interpersonal relationships. As a sensitive person she identified with her patients, and on Breast Service she was brought face to face with situations that had to do directly with loss of physical attractiveness.

Another of our nurses had a different problem: During a group discussion she said, "When patients show they have some spine, I get along with them

well. Heaven knows, a mastectomy is no picnic; but I simply can't stand the type woman who's had one and who wails about it endlessly."

Immediately, a nurse who had attended a number of our sessions asked, "Martha, when you were a little girl and fell down and hurt yourself, what would your mother do?"

"She'd tell me not to cry. She'd say, 'Brave girls don't cry. Now get up and go about your business.' She was right, too," Martha added.

The other nurse smiled. "Did you ever think," she said, "that your mother's attitude might have something to do with the way you feel now? Isn't it true that you think being brave is 'good' and being tearful or complaining is 'bad'?"

"I never thought of it that way; but you're probably right," Martha answered.

Mother-daughter feelings tend to be aroused when a nurse cares for any female patient. But the mastectomy patient especially evokes these feelings. Often, when there are difficulties in dealing with one type of patient

as opposed to others, the nurse is not responding to the individual at all but to values she learned as a child.

When a lump is first found in a woman's breast, she enters a period of emotional stress that continues (often mounting) through her surgery, her convalescence, and her attempts to adapt to the loss. Especially difficult for her and for her nurse is the time when postoperative dressings must be applied. It is


PAIN . . .
the first concern in patient after patient
pain control without narcotics
Zactirin controls pain as effectively as does codeine, but its use is free from the well-known liabilities of codeine.
2 Zactirin tablets are equivalent in analgesic potency to ½ grain of codeine plus 10 grains of acetylsalicylic acid.
Zactirin is non-narcotic.
Zactirin is effectively anti-inflammatory.
Wyeth
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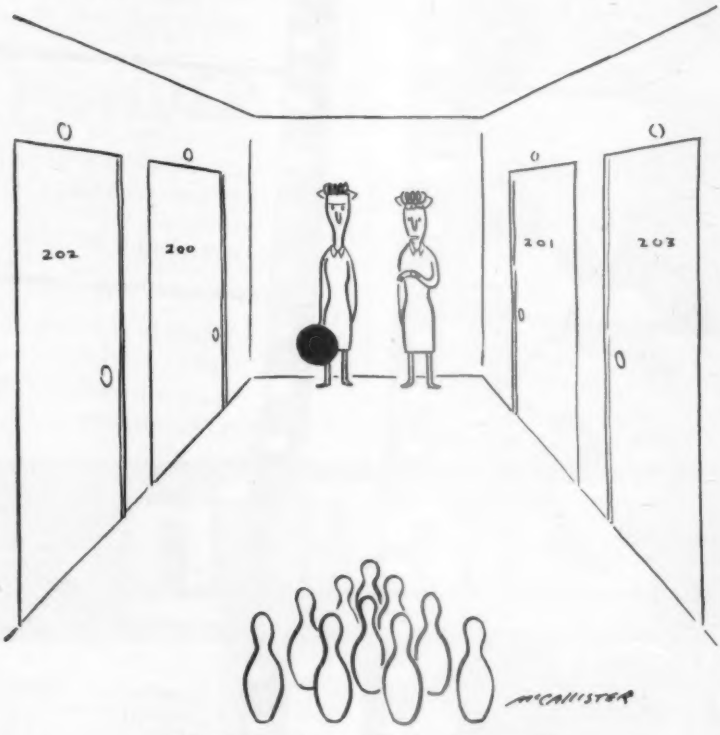
Zactirin®
Ethoheptazine Citrate with Acetylsalicylic Acid
Supplied in distinctive, 2-layer yellow-and-green tablets, bottles of 48. Each tablet contains 75 mg. of ethoheptazine citrate and 325 mg. (5 grains) of acetylsalicylic acid.

then that the physical insult to the woman's person becomes glaringly manifest.

To dress the wound the nurse must face the patient directly. Each is revealed to the other emotionally. Feelings show in subtle expressions and gestures, even if no word is said. Inevitably, both women are affected.

The patient reacts in one of two ways: She avoids the sight of the wound and of what's being done. Or she forces herself to watch.

Some nurses believe the patient is better off not looking. In one way or another such a nurse will encourage the patient to turn her eyes aside. For example, she may say, "What a lovely day! Just look out that window." Or



"O.K. It's 6 A.M. Wake 'em up!"

a credit to the profession Nurses know they can depend on Unicap vitamins to measure up to the highest standards of their profession. That is why, over the years, Unicap has been "first in mind" with registered nurses.

Unicap contains all vitamins known to be essential, including B_{12} and folic acid, in small, easy-to-take capsules. They are economical, and the formula meets or exceeds the recommendations of the Committee on Therapeutic Nutrition of the National Research Council for a daily vitamin supplement.

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Each capsule contains:

Vitamin A	5,000 U.S.P. units
Vitamin D	500 U.S.P. units
Ascorbic acid	50 mg.
Calcium pantothenate	5 mg.
Thiamine hydrochloride	2.5 mg.
Riboflavin	2.5 mg.
Pyridoxine hydrochloride	0.5 mg.
Nicotinamide	20 mg.
Folic acid	0.25 mg.
Cyanocobalamin (B_{12})	2 mcg.

Dosage: Adults and children—1 or more Unicaps daily.

Supplied: Bottles of 24, 100, 250

Upjohn

she may divert attention by seeming to talk about something else: "You know, I can teach you how to put on your bra so you will never have to look in the mirror." Or she may say openly, "Now look at that picture while I attend to this dressing for you."

Some nurses take the opposite tack entirely. They believe the patient *should* look; so they use indirect devices to see that she does. If the patient turns her head aside, the nurse may say, "Look here. See how wonderfully you're healing," thus summoning the patient's attention. Or the nurse

No diaper rash

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White's Vitamin A & D Ointment

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at every change

White's Vitamin A and D Ointment

soothes • heals • protects

Equally effective in burns, indolent ulcers, slow-healing wounds and detergent dermatitis.

SUPPLIED: 1½ and 4 oz. tubes, 1 lb. jars and 5 lb. containers.

WHITE LABORATORIES, INC., Kenilworth, N. J.

may begin talking "professionally": "My what a beautiful piece of surgery! I don't remember ever seeing such a fine job."

The nurse does not, of course, press her view unduly. If the patient has strong feelings in the matter, they're allowed to prevail.

In order to assure this at Memorial, we have set apart special dressing rooms. These are staffed by nurses who've demonstrated their ability to handle mastectomy patients psychologically.

Since each such patient is under a special and severe form of stress, it helps her to be able to express her feelings freely. The nurse's job is to give her just the right emotional support.

The competent nurse will, of course, follow the physician's lead in what she tells the patient about her illness. But she can often accomplish more by listening and by employing a conversational technique that encourages the patient to give vent to her own emotions.

To Encourage Talk

One technique is to repeat the patient's own words with a rising inflection to make a question. Like this:

When the patient says on admission, "I'm afraid they're going to take my breast off," the nurse replies, "You're afraid?" Then she waits. She does not rush into reassurances until her patient reveals more about her attitude. Reassurance offered too soon, no matter how well meant, may be construed by the patient as a kind of rejection, a failure to take the situation seriously.

In a conversation like this, the patient will probably go on to say why she is afraid and what troubles her most about the ex-

pected mastectomy. The nurse can keep the discussion going by repeating still other phrases from the patient's conversation: "Your mother had cancer?" "You had a bad bruise?" "The doctor spoke to your husband?" "You're worried about the children?"

When to Speak

When it's clear that the patient has "run down," that her anxieties have all been voiced, the nurse may offer gentle reassurance. The words she speaks are far less important than the way they're spoken. The patient needs to feel that she's understood, that someone not only knows, but cares, about the crisis she faces.

Since the mastectomy patient often reacts in an exaggerated manner, it will help the nurse to remember that any outbursts she hears are not directed at any one person—least of all at the nurse. The patient is simply trying desperately to manage her hurt, anger, and fear. She is not her usual self.

Even the undemanding "good" patient needs a chance to express herself. I have seen real explosions, sometimes at the first postoperative dressing, sometimes much later, by patients who had until then been uncomplaining and cooperative. They, too, need to be given the understanding and kindness that less self-contained people demand at the very outset.

Caring for a mastectomy patient may not be easy. But it can be an enriching professional experience. It can open up vistas of strength and sensitivity in a nurse's personality that otherwise she might never have known she possessed. END

[CONTINUED FROM 44] need to be explored further.

When these difficulties have been resolved, the pump-oxygenator may well become one of medicine's most valuable clinical tools. It may possibly be used even in cases of overworked, hypertrophied hearts and for those with myocardial infarct or inadequate valves. Diseased and injured lungs, too, may get a valuable assist from it.

Still another possibility is that the operation of the pump-oxygenator will be added to the responsibilities of the R.N. END

ID WE ASK YOU ?

for superior cleansing and refreshing effect

Pleasant aroma – no tell-tale medicinal odor

Meta Cine is more soothing and refreshing than other douche powders

thoroughly cleanses - and the clean feeling lasts much longer

I like it better than anything I have ever used

Leaves a cooling clean feeling

Cool, fresh, clean!

Gives a "tingling" feeling of cleanliness

Recently, we asked a representative cross-section of RN's who had used Meta Cine why they preferred it to other douches. As professional women, all recognized the scientific rationale of its judicious formula.

But the great majority (85%) spoke most highly of the esthetic and physiologic superiority of Meta Cine. A few representative comments are reproduced above. May we ask *you*—if we haven't already—to try Meta Cine, and compare it with any other douche?

If your favorite druggist doesn't happen to have Meta Cine in stock, he can easily order it for you from his wholesale supply house. Meta Cine possesses the physiologically correct pH of 3.5, and contains the mucus digestant, *papain; lactose*, to promote growth of desirable Döderlein bacilli; *methyl salicylate*, to stimulate circulation; and *eucalyptol, menthol* and *chlorothymol* for their decongestant and aromatic properties.

Meta Cine is supplied in 8-oz. containers. Promoted exclusively to the medical and nursing professions.

RAYTEN PHARMACEUTICAL COMPANY

Chattanooga 9, Tennessee

[CONTINUED FROM 60] the modifications submitted, except that they would not consider a three-year contract (long a hope of hospital management).

About two weeks later, both nurses and hospitals signed a final draft. The new contract retains most of the nurses' important demands and covers a two-year period.

What about grievances arising out of nurse-hospital contracts? 'These," says Mrs. Johnson, "are usually settled right in the hospital by reference to the contract. Or they may be settled by a phone call to M.N.A. headquarters to get a ruling on a disputed point. In twelve years, only eight grievances have required *more* than a phone call."

Despite the existence of nurse-hospital contracts, both sides seem to feel at least some uneasiness about them.

Many hospitals in Minnesota call the State nurses' association a union. "What else would you call it when they come into a meeting and club us over the head with their demands?" one administrator asks.

Hospitals also level sharp crit-

icism at M.N.A. methods. For example, one disgruntled administrator accuses nurses of timing their contracts to expire after the hospitals have negotiated new contracts with the service employes unions, so that the R.N.s can tailor their demands to union gains.

What It Stands For

The nurses' association takes the position that it's a professional organization with a legitimate interest in improving the status and economic welfare of its members. "Cost of living, employment trends in other groups, legislation, and court decisions all influence our planning," says Mrs. Johnson.

An association spokeswoman reports that all M.N.A. services, including the economic security program, are covered by the annual M.N.A. dues of $20. Indirect benefits include heightened public esteem for Minnesota R.N.s and a greater public awareness of nurses' problems, according to Myrtle Coe, a former M.N.A. president. (M.N.A. membership is currently at a high of about 4,500.) But, looking to the future, both nurses and hospital administrators have ideas for improvement. For instance:

Nursing leaders feel that the

Love letter from a stranger *

Cuticura Laboratories,
Malden 48, Mass.
Dear Sirs:

I took advantage of your coupon offer in a recent issue of R.N. magazine. I am taking this time to write and tell you what a marvelous change has come over my complexion. I just want to shout about the radiant skin I now have. Many of my friends have remarked about it and I feel that you who have made it possible should share in that glory.

I shall recommend your product at every possible opportunity. It does all that you have advertised plus a good bit more.

I am now anxious to have a few of my patients give it a try, as many are old, and drying skin does present a problem.

Thanking you once again for Cuticura Soap—I am

Sincerely,

J—— F——— (R.N.)

*One of thousands received from nurses and doctors over the years.

Find out for yourself how successful Cuticura can be for you too. Send for free miniature Good Looks Kit containing the full treatment—Cuticura Soap, Ointment and Medicated Liquid—to Cuticura, Dept. N-810, Malden 48, Mass.

present contracts act as "leveling instruments," placing relatively highly skilled nurses at a disadvantage. Mrs. Coe is one of the many who would like to see future contracts include pay differentials based on ability and skill, not just tenure and rank.

Change the Emphasis?

Alta Leonard, director of nurses at Abbott Hospital in Minneapolis, agrees that there's too much emphasis on tenure. "As a result," she says, "the contracts have not been the stabilizing influence we had hoped for. Nurses still move from hospital to hospital because their tenure assures them a certain pay scale."

Their Greatest Need

Perhaps the most important problem of all—for nurses and hospitals alike—is summed up by Mrs. Coe in these words:

"There is need to give nurses psychological as well as material satisfactions. Yet these are things that just can't be written into a contract. Hospital management would do well to recognize the need for them. They're important in good nursing care." END

[CONTINUED FROM 28] deaths from all causes, also shows:

¶ The incidence of death among those who regularly smoke cigarettes only is 58 per cent higher than among nonsmokers.

¶ Cigar and/or pipe smokers fare better. Their death rate is "not significantly higher than that of nonsmokers."

Red-Green Test Helps Rule Out Psoriasis

A color test helps two scientists at the University of Pennsylvania diagnose psoriasis, reports Medical News. The test is based on the finding of an oversupply of pentose in psoriatic scales.

Drs. Peter Flesch and Elizabeth C. J. Esoda soak defatted psoriatic scales in water overnight, then heat the solution with aniline phthalate to dryness. If a purple or brick-red extract results, pentose is present. If the extract turns olive-green to light brown, there is no pentose.

In the doctors' opinion, a negative pentose reaction rules out psoriasis; but a positive test, by itself, doesn't clinch the diagnosis.

Three Generations

An August graduate of Detroit's St. Joseph Mercy Hospital School of Nursing, 20-year-old Deane Higgins, is the daughter and grand-

daughter of R.N.s who this year mark their silver and golden anniversaries as nurses. Both grandmother and mother—Mrs. Cora E. Kyte, 73, and Mrs. Elizabeth Higgins—have been on active duty in recent months.

To fight staph, Congress has earmarked $1,000,000 for research in fiscal 1958-59. This special appropriation is being administered by the Public Health Service's National Institutes of Health.

Good News for Small Fry

They'll need fewer shots if a new four-in-one vaccine against polio, diphtheria, whooping cough, and tetanus makes the grade. Already, it has worked well in immunizing 300 Detroit children, says an American Medical Association report.

Lou Gehrig's Disease Is Under Study

Medical science has a name for the disease that killed Baseball Star Lou Gehrig (amyotrophic lateral sclerosis), but that's about all. For no one yet knows *why* the lateral columns of the spinal cord are knocked out of commission in this condition or *how* to halt the fatal muscle wasting that results.

These are the main reasons why the National Institutes of Health

are launching a nation-wide study of this disease. By examining case histories, blood samples, and saliva samples sent in by Veterans Administration hospitals and clinics, the Institutes will try to get at its cause.

Surgeon Discourages Nose Surgery

Changing the shape of your nose won't mend a shattered romance. Nor will it transform you from a wallflower into the belle of the ball.

That's the warning of Plastic Surgeon John B. Erich of the Mayo Clinic, writing in Surgery, Gynecology, and Obstetrics. "In almost every instance," he says, "the patient . . . is deeply dissatisfied to find that, in spite of a good operative result, he still looks like himself."

Who is the ideal candidate for a nose change? In Dr. Erich's opinion: the mature person with a real nasal deformity who won't expect miracles.

Hexadecadrol, a new synthetic hormone, has antirheumatic potency several times greater than that of prednisolone and hydrocortisone; and it causes fewer side effects. This is the gist of an American Rheumatism Association report which adds that while short

clinical trials look promising, researchers won't commit themselves until they've studied the drug for at least a year.

Does Salk Vaccine Damage the Brain?

"Salk vaccine is unlikely to cause an encephalitic type of reaction or brain injury," say two Chicago researchers, Mrs. Erna L. Gibbs and Dr. Frederic A. Gibbs, in an American Medical Association report.

They base their finding on negative results in electroencephalographic tests given 852 persons of all ages before and after their three Salk Shots.

Tests also showed that epileptics and those with brain damage can be given the vaccine with safety, they report.

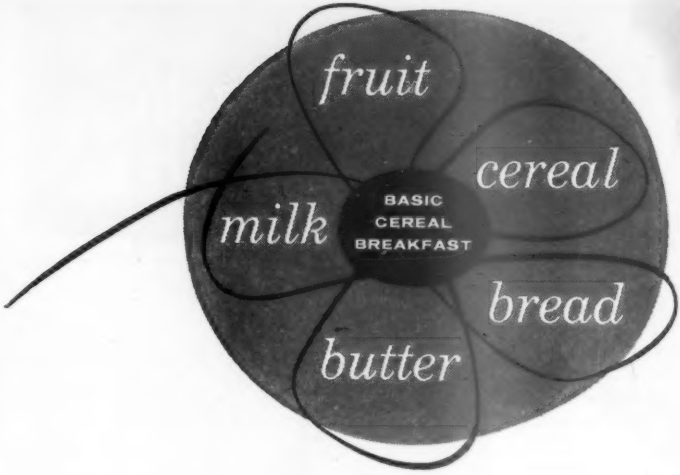
Bacitracin with penicillin recently turned the tide for sixteen out of seventeen infants critically ill from staphylococcic diseases at New York Hospital, report Drs. Hope C. Perry and Heinz F. Eichenwald. They add, though, that urinary complications were noted after bacitracin treatment; so they advise limiting its use to life-or-death cases.

Hypothyroidism Test Urged by M.D.s

Hypothyroidism is more common than generally believed, conclude Drs. Paul Starr and Robert Lowrey of the University of Southern California, after studying 4,500 men in the 35-55 age bracket.

To detect it, they urge wider use of the PBI. (protein-bound iodine) test. They say the usual symptoms of hypothyroidism—slight overweight, muscular weakness, exhaustion, poor memory, mental dullness—are too vague for a diagnosis. The PBI. test, a more accurate measure than the B.M.R., gives a good idea of the amount of thyroid hormone in the blood, they feel.

END



this moderately *low-fa*
breakfast is a well-balanced mea

When a moderate reduction of the fat calories is to be recommended in the morning meal, the basic cereal and milk breakfast merits your consideration because it is moderately low fat and contributes well-balanced nourishment as shown in the table below.

The Iowa Medical College Breakfast Studies dem strated that this basic cereal and milk breakfast, co buting about 20 gm. high quality protein, provided q and lasting energy during the early and late mor hours and maintained mental and physical efficienc

basic cereal breakfast pattern

Orange juice, fresh, ½ cup,
Cereal, dry weight, 1 oz.,
with whole milk, ½ cup, and sugar, 1 tsp.,
Bread, white, 2 slices, with butter, 1 tsp.,
Milk, nonfat (skim), 1 cup,
black coffee

Nutritive value of basic cereal breakfast pattern

CALORIES	502	VITAMIN A	600 I.U.
PROTEIN	20.5 gm.	THIAMINE	0.46 mg.
FAT	11.6 gm.	RIBOFLAVIN	0.80 mg.
CARBOHYDRATE	80.7 gm.	NIACIN	3.0 mg.
CALCIUM	0.532 gm.	ASCORBIC ACID	65.5 mg.
IRON	2.7 mg.	CHOLESTEROL	32.9 mg.

Note: To further reduce fat and cholesterol use skim milk on cereal which reduces Fat T to 7.0 gm. and Cholesterol Total to 16.8 mg. Preserves or honey as spread further re Fat and Cholesterol.

Bowes, A. deP., and Church, C. F.: Food Values of Portions Commonly Used. 8th ed. Philadelphi A. deP. Bowes, 1956.
Cereal Institute, Inc.: The Nutritional Contribution of Breakfast Cereals. Chicago: Cereal Institu Inc., 1956.
Hayes, O. B., and Rose, G. K.: Supplementary Food Composition Table. J. Am. Dietet. A. 33:26, 19
Cereal Institute, Inc.: A Summary of the Iowa Breakfast Studies. Chicago: Cereal Institute, Inc., 19

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NESTHESIA COURSE: St. Francis Hospi- l School of Anesthesia, with a background 28 years experience, offers to graduates of credited Schools of Nursing, an 18 months urse in Anesthesia. AANA accredited, ap- oved under G.I. Bill of Rights. Stipends of- red throughout course. Classes begin October nd April 1. Write: Sister M. Catherine Ann, SF, CRNA, Director, School of Anesthesia, Francis Hospital, Peoria 4, Ill.

NESTHESIA COURSE: Norfolk General spital offers to graduates of accredited hools of nursing a 15 mo. comprehensive urse in Anesthesia approved by AANA. pproved for training under the G.I. Bill. ee maintenance plus liberal stipend granted ter 3 mos. Write to: Director, School of nesthesia, Norfolk, Va.

NESTHETIST-NURSE: Immediate open- g for Nurse Anesthetist, 4 on staff, one nesthesiologist, air-conditioned, new dept, od salary, Social Security, vacation sick lv, lidays, meals, laundry. Call or write Robert Murphy, Administrator, Floyd Hospital, me, Ga.

NESTHETISTS: (a) Only one on staff, nd new 50 bed hosp, outstanding opport. r male anes, small town, Ill. (b) OB anes, 0 bed hosp, excellent personnel policies, 50, commuting distance, Chicago. (c) Two r 200 bed hosp on Rio Grande, univ. city, sort area, to $6600. (d) Free lance for two bed hosps, town of 15,000 nr univ. Nebras- . (e) Fee for service arrangement, $700 , busy 100 bed hosp, S. RN10-2 Burneice rson, Medical Bureau, 900 N. Michigan ve., Chicago, Ill.

SS'T DIRECTOR NURSING SERVICE: ychiatric. Salary $5652 to $6732. Position volves supervision of nursing service of 1800 ds, state mental hosp. for eve. shift. Progres- e state hosp. located in beautiful Skagit alley with abundant fishing, skiing and other es of recreation available. Located mid- y between Seattle and Vancouver, B.C. Af- iated with University of Washington School Nursing for student nurse training. 2 yrs perience in teaching or supervision in psy- iatric specialty required. Write: Miss Nancy ntner, Director of Nursing Service, North- n State Hospital, Sedro-Woolley, Wash.

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CLINICAL INSTRUCTOR: Medical-surgical nursing. Diploma program in modern JCAH 70 bed hosp. Students affiliate in psychiatry and pediatrics. Position has all regular benefits, salary open. Hospital located in heart of Green Mountains in progressive community serving large area. Apply Director of Nursing, Gifford Memorial Hospital, Randolph, Vt.

DIRECTOR OF NURSING SERVICE & EDUCATION: In accredited 500 bed hosp. Diploma school with 200 students. Affiliated in freshman year with Muhlenberg College. Master's Degree and experience as assistant essential. Starting salary commensurate with background and experience. Apply Assistant Superintendent, Allentown Hospital, Allentown, Pa.

DIRECTOR OF NURSING SERVICE & EDUCATION: 3 yr diploma program with college affiliation. 338 bed JCAH accredited general hosp, centrally located in city. Excellent personnel practices. Liberal starting salary. Apply Box DH-1 c/o R.N. Magazine, Oradell, N.J.

DIRECTORS OF NURSING: (a) Organize nursing service and educ. 500 bed hosp, new buildings, 140 students, leading ind. area, S. $10,000. (b) Top executive caliber for nursing service, well estab. renowned 500 bed inst., univ. city, tourist center, S. To $10,000. (c) Dir. Nursing Service, 85 bed hosp, So. Calif. $6600 start. (d) Dir. of Nurses, 300 bed hosp, commuting distance NYC. Start $7500 (e) Asst. Dir. Service and Educ, 400 bed hsp outside U.S. 75° mean temp. $7000 up. RN10-3 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

FACULTY: (a) Coordinator for school, 70 students in 220 bed hosp, new position in est. program, otuside U.S. $6000. (b) Ped. Inst., teach 15 students in 55 bed univ, lge hosp near NYC. $5400. (c) Psych. Inst., collegiate school, ideal Florida loc. $5200 up. (d) Asst. Dir. In-service, 1000 bed hosp, leading univ med ctr, MW. $5500 up. RN10-4 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

GENERAL DUTY: 40 hr wk, 84 bed hospital, finest equipment, very liberal personnel policies and pleasant working environment. Must be willing to rotate shifts. Salary range $302 to $411 monthly. Atomic Energy Project but not Civil Service. Write Director of Nursing Service, Los Alamos Medical Center, Los Alamos, N.M.

GENERAL DUTY NURSES: 118 bed general

hospital located in a beautiful residential section along the North Shore of Chicago. Salary $340 days, $370 eves., $360 nights. 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

GENERAL DUTY NURSES: 50 bed hospital located in college town in mountainous portion of Colo. Salary $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick lv and vacation. Contact Superintendent, Community Hospital, Alamosa, Colo.

GENERAL DUTY NURSES: Immediate openings in OR, Obstetrical and Medical and Surgical Units. Rotating or permanent afternoon or night tours of duty. Bonus of $20 for OR, afternoon and night tours. New 196 bed hospital, 45 mins from NYC. Modern nurses residence. Apply Director of Nursing, Phelps Memorial Hospital, North Tarrytown, N.Y.

GENERAL DUTY NURSES: 210 bed teaching hospital 35 mi from NYC. $290 per mo, 40 hr wk, $30 differential for eve duty, $20 for nights, regular increments. Liberal sick lv, vacation, 8 holidays, Social Security, laundering of uniforms, pleasant living facilities available. Director of Nursing, White Plains Hospital, White Plains, N.Y. WH 9-4500.

GENERAL DUTY NURSES: Openings on OB and Medical floor, 11-7 and 3-11 shifts. Starting salary $305 per mo. Full maintenance if desired. Other usual employee benefits. Contact Director of Nurses, Highland General Hospital, Pampa, Tex.

GENERAL DUTY NURSES: Positions in a system of 10 integrated hospitals for general duty nurses qualified by professional training and personality to provide quality bedside care. Salaries at the rate of $4440 and $4860 per annum, depending on experience. Annual increases. 40 hr work wk. Shift differentials where applicable. 4 wks pd vacation, 7 pd holidays, Sick lv plus employee health program. Social Security plus noncontributory retirement plan. Also positions available for head nurses and asst. head nurses who have had administrative experience. Salaries at the rate of $5340 and $6420 per annum. For application and further details send card or letter to Miners Memorial Hospital Association, Box 61, Williamson, W. Va.

GENERAL DUTY NURSES: 120 bed hosp, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk, starting salary $300 with a charge of $23 for full maintenance, additional $10 per mo for eve
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Bay. 5 day wk, salary $320 plus $15 added
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GENERAL DUTY STAFF NURSE: New
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top salaries and opportunities to adva
Evenings $76.80-$89.60 per wk, nights $73.
$86.10, days $64.00-$75.60. Openings
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On Long Island Sound, 45 mins to N.Y
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Stamford, Conn.

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$315 per mo starting salary, $15 per mo n
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pd vacation, pd sick lv accumulative to 30 d
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ferred department of a 200 bed JCAH
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vancement. Liberal personnel policies incl
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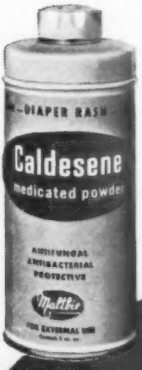
at $20 per mo, in-staff educational progr
Approximate initial salary eves $349, nig



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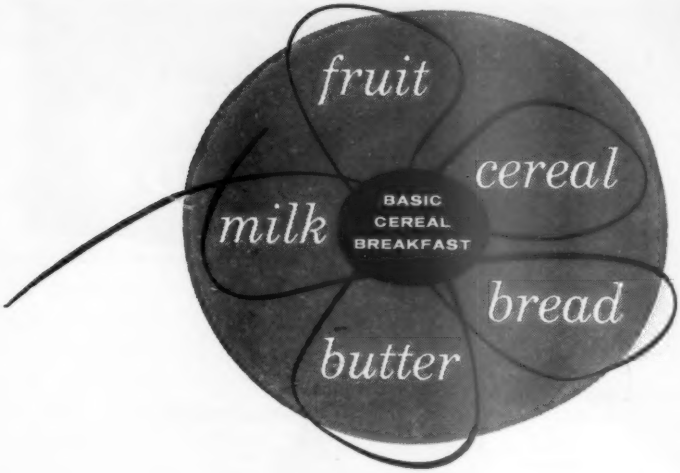

this moderately *low-fa*
breakfast is a well-balanced mea

When a moderate reduction of the fat calories is to be recommended in the morning meal, the basic cereal and milk breakfast merits your consideration because it is moderately low fat and contributes well-balanced nourishment as shown in the table below.

The Iowa Medical College Breakfast Studies dem strated that this basic cereal and milk breakfast, co buting about 20 gm. high quality protein, provided q and lasting energy during the early and late mor hours and maintained mental and physical efficienc

basic cereal breakfast pattern

Orange juice, fresh, ½ cup,
Cereal, dry weight, 1 oz.,
with whole milk, ½ cup, and sugar, 1 tsp.,
Bread, white, 2 slices, with butter, 1 tsp.,
Milk, nonfat (skim), 1 cup,
black coffee

Nutritive value of basic cereal breakfast pattern

CALORIES	502	VITAMIN A	600 I.U.
PROTEIN	20.5 gm.	THIAMINE	0.45 mg.
FAT	11.6 gm.	RIBOFLAVIN	0.80 mg.
CARBOHYDRATE	80.7 gm.	NIACIN	3.0 mg.
CALCIUM	0.532 gm.	ASCORBIC ACID	65.5 mg.
IRON	2.7 mg.	CHOLESTEROL	32.9 mg.

Note: To further reduce fat and cholesterol use skim milk on cereal which reduces fa to 7.0 gm. and Cholesterol Total to 16.8 mg. Preserves or honey as spread further r Fat and Cholesterol.

Bowes, A. deP., and Church, C. F.: Food Values of Portions Commonly Used. 8th ed. Philadelp A. deP. Bowes, 1956.
Cereal Institute, Inc.: The Nutritional Contribution of Breakfast Cereals. Chicago: Cereal Insti Inc., 1956.
Hayes, O. B., and Rose, G. K.: Supplementary Food Composition Table. J. Am. Dietet. A. 33:26, 1
Cereal Institute, Inc.: A Summary of the Iowa Breakfast Studies. Chicago: Cereal Institute, Inc., 1

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RN positions

DMINISTRATORS: (a) R.N. Adm. public lations exp. act as hosp. field rep. for re- wned org. $6000 start, travel expenses, East. Adm. small Alaska hosp, friendly com- nity, beautiful mountain lake area. $6000 RN10-1 Burneice Larson, Medical Bureau, N. Michigan Ave., Chicago 11, Ill.

NESTHESIA COURSE: St. Francis Hospi- School of Anesthesia, with a background 28 years experience, offers to graduates of redited Schools of Nursing, an 18 months rse in Anesthesia. AANA accredited, ap- ved under G.I. Bill of Rights. Stipends of- ed throughout course. Classes begin October nd April 1. Write: Sister M. Catherine Ann, F, CRNA, Director, School of Anesthesia, Francis Hospital, Peoria 4, Ill.

NESTHESIA COURSE: Norfolk General spital offers to graduates of accredited ools of nursing a 15 mo. comprehensive rse in Anesthesia approved by AANA. proved for training under the G.I. Bill. e maintenance plus liberal stipend granted er 3 mos. Write to: Director, School of esthesia, Norfolk, Va.

NESTHETIST-NURSE: Immediate open- for Nurse Anesthetist, 4 on staff, one esthesiologist, air-conditioned, new dept, d salary, Social Security, vacation sick lv, idays, meals, laundry. Call or write Robert Murphy, Administrator, Floyd Hospital, me, Ga.

ESTHETISTS: (a) Only one on staff, nd new 50 bed hosp, outstanding opport. male anes, small town, Ill. (b) OB anes, bed hosp, excellent personnel policies, 0, commuting distance, Chicago. (c) Two 200 bed hosp on Rio Grande, univ. city, ort area, to $6600. (d) Free lance for two bed hosps, town of 15,000 nr univ. Nebras- (e) Fee for service arrangement, $700 busy 100 bed hosp, S. RN10-2 Burneice rson, Medical Bureau, 900 N. Michigan e., Chicago, Ill.

T DIRECTOR NURSING SERVICE: chiatric. Salary $5652 to $6732. Position olves supervision of nursing service of 1800 s, state mental hosp. for eve. shift. Progres- e state hosp. located in beautiful Skagit lley with abundant fishing, skiing and other es of recreation available. Located mid- between Seattle and Vancouver, B.C. Af- ted with University of Washington School Nursing for student nurse training. 2 yrs erience in teaching or supervision in psy- atric specialty required. Write: Miss Nancy tner, Director of Nursing Service, North- State Hospital, Sedro-Woolley, Wash.

TRACTIVE OPPORTUNITY NURSES: away from fog, smog and industrial areas. me to beautiful, exciting, Wonderful Wy- ng. 340 days sunshine, fresh air in year- nd recreation area. Position vacancies of types. 165 bed JCAH Hospital. Capital city and growing medical center of Wonderful Wyoming. 50,000 pop. Home of Frontier Days. 10,000 men at Warren Air Base in Cheyenne. Metropolitan Denver just 2 hrs drive from Cheyenne. Excellent personnel policies. 40 hr wk, 2-3 wk vacation, sick lv, new Nurse Residence at $43 room & board. Excellent housing facilities within 10 mins. of Hospital. Starting salaries $275 day, $300 eve., $290 surgery. Apply Dir. of Nursing, Memorial Hospital, Cheyenne, Wyo.

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GENERAL DUTY NURSES: 118 bed general

hospital located in a beautiful residential section along the North Shore of Chicago. Salary $340 days, $370 eves., $360 nights. 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

GENERAL DUTY NURSES: 50 bed hospital located in college town in mountainous portion of Colo. Salary $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick lv and vacation. Contact Superintendent, Community Hospital, Alamosa, Colo.

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GENERAL DUTY NURSES: Openings on OB and Medical floor, 11-7 and 3-11 shifts. Starting salary $305 per mo. Full maintenance if desired. Other usual employee benefits. Contact Director of Nurses, Highland General Hospital, Pampa, Tex.

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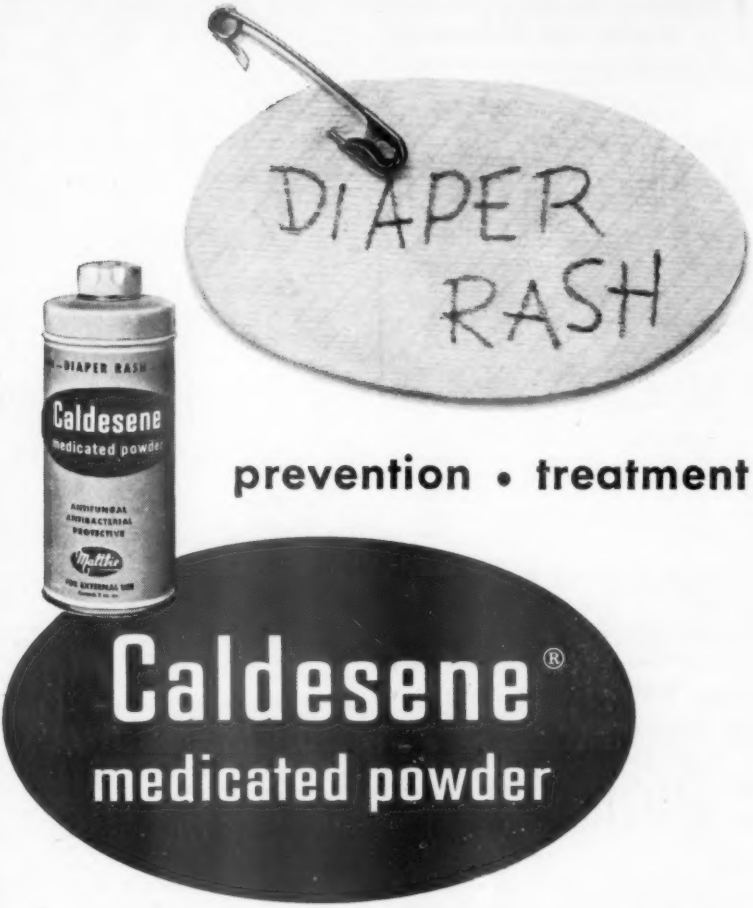

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[1]Brusch, C.A., et al.: Md. State Med. J.; 5:36, 1956.

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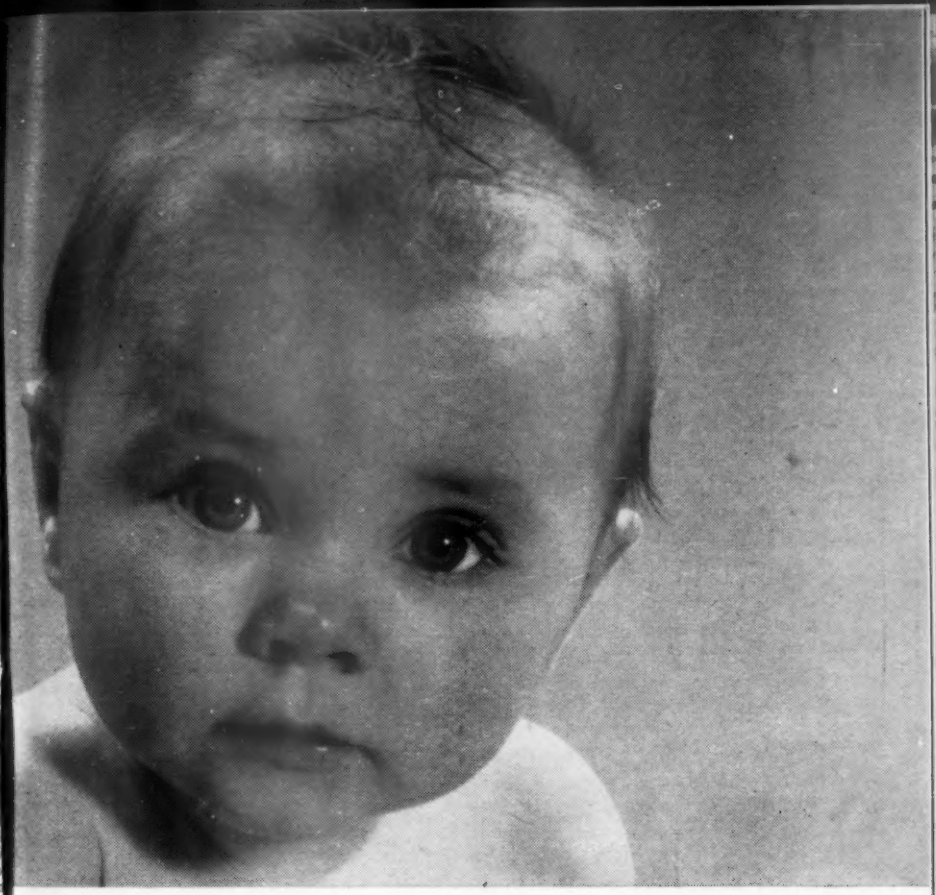

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NURSES: General duty, 236 bed hospital, 30 mi from NYC. Apartment-style residence. Good salaries, free benefits and pension plan. Modern hospital. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N. J.

[Turn the page]

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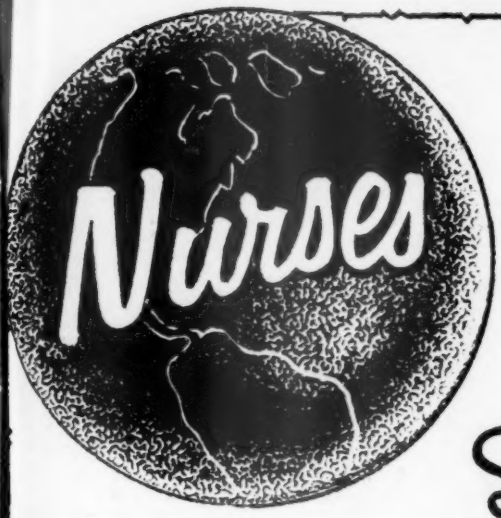

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PSYCHIATRIC SUPERVISOR: Salary $4968 to $5904. Position involves supervision of womens' service, eve or night shift of womens service in 1800 beds. Progressive state hospital located in beautiful Skagit Valley with abundant fishing, skiing and other types of recreation available. Located midway between Seattle and Vancouver, B.C. Affiliated with University of Washington School of Nursing for student nurse training. 1 yr's experience in teaching or supervision in psychiatric specialty required. Write: Miss Nancy Kintner, Director of Nursing Service, Northern State Hospital, Sedro-Woolley, Wash.

PUBLIC HEALTH: (a) Latin America, Africa, Middle East. Staff nurses and instructors, $5-14,000. (b) Exec. Dir. VNA, commuting distance, NYC. $6000. (c) Consultant, generalized nursing program, western mountain state, to $6500, travel expenses. RN10-6 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

REGISTERED NURSE: Two excellent jobs for two nurses who like a small town and lots of work. Start $325 plus meal. 40 hr wk, rotating shifts. 22 bed gen hosp. Pop. 5000. Farming community between Fresno and Bakersfield. 1 hr to mountains, 2 hrs to beach. Age and experience not a factor but you must be willing to develop versatility. Liberal hospitalization and life insurance plan. Regular raises with no maximum. Write Administrator and enclose dated picture. District Hospital, Corcoran Calif. Phone 31.

REGISTERED NURSE ANESTHETISTS: Immediate openings for permanent employment. 670 bed hospital. Exceptional opportunity for well trained Nurse Anesthetist in active operating room suite. Apply: Personnel Director, Harper Hospital, Detroit 1, Mich.

REGISTERED NURSE FOR OPERATING ROOM: Excellent salary, fringe benefits, small hosp. residential area. 35 mi from NYC. Apply Mrs. C. R. Gardner, Tuxedo Memorial Hospital, Tuxedo Park, N.Y.

REGISTERED NURSES: New 750 bed municipal hosp. Salary $3700 per yr with $100 yrly increments reaching maximum of $4200. 40-hr wk, vacation, sick time and holidays provided. Director of Nursing, Martland Medical Center, Newark, N.J.

REGISTERED NURSES: Excellent opportunities for Staff Nurses in 400 bed teaching hosp. $340-370 days, $370-400 nights and eves. Room accommodations in attractive reside at low rates. Centrally located. Write Director of Nursing Service, Dept. R. Mount Sinai Medical Center, 2750 W. 1 Place, Chicago 8, Ill.

REGISTERED NURSES: For Veterans A ministration Hospital, Fort Howard, M located 15 mi. from Baltimore. 377 bed GM hospital. Personnel policies include 40 hr w 30 days annual lv, 15 days sick lv and 8 ho days. Salaries, Junior Grade $4425, Associa Grade $5205 with yearly increases. No housekeeping quarters available. Uniform a lowances and laundry provided. Openings f both men and women interested. Contact Chie Nursing Service, VAH, Fort Howard, Md.

REGISTERED NURSES: For general dut Florida East Coast, 70 bed JCAH fully a credited general hosp. Salary range $265 $295 mo, $10 differential for 3-11 and 11 shifts. 40 hr wk, 6 pd holidays, 2-4 wks vac tion, 15 days sick lv cumulative to 45 day Contact Director of Nurses, Fort Pierce Me orial Hospital, Fort Pierce, Fla.

REGISTERED NURSES: Starting sta R.N.'s $3960 per annum increased to $4320 e of 3 yrs, increased to $4800 end of 8 yrs. Co plete fringe benefits. Contact Supt. of Nurse Washoe Medical Center, Reno, Nev.

REGISTERED NURSES: Staff vacancies Medical-Surgical floor, O.B., Op. Rm. 40 wk, no shift rotation, excellent job benefi Salary days $285-315, E&N $295-325. $300-330. Room and board available $43 mo. Your transportation paid (via fir class air) to Albuquerque and return in e change for 1 yr employment contract. Li in the sunny year-around climate of t historical Southwest. Call collect or wr to Mrs. Margaret Nelson, Director of Nu ing, Presbyterian Hospital Center, Alb querque, N. Mex., Phone 3-5611.

REGISTERED NURSES: If you are thinki of making a change consider the opportu ties at Cuyahoga County Hospital in Met politan Cleveland. Your starting salary as staff nurse is $3960 and in 36 mos you w be earning $4440. You will also enjoy a vacation, holidays, sick time and a genero differential for eve and night assignme If you prefer to continue your educatio pd tuition to a college of your choice available. The hospital is conveniently locat to several colleges and universities. All the advantages that a large hospital has offer are at your fingertips, retirement be fits, wide variety of clinical fields from whi to choose, a planned orientation and in-servi program, opportunity for promotion a comfortable low-cost housing. Write to D rector of Nursing, 3395 Scranton Roa Cleveland 9, Ohio

REGISTERED NURSES: 2. Wanted for ge staff duty, small gen hsp. Starting sala $350. Apply by writing Dos Palos Hospita P.O. Box 336, Dos Palos, Calif.

REGISTERED NURSES: Staff duty, P nights and relief shifts. Permanent comm nity. Small modern hospital 14 beds. $375 p mo. Social Security, 2 wks pd vacation a 40 hr wk. Lillian M. Maupin, R.N., Admini trator, Seneca Hospital, Chester, Calif.

REGISTERED NURSES: For air-conditione general hosp. expanding to 200 beds. Orga ized medical staff, pleasant working cond tions, reasonable accommodations in nurs residence. Starting salary $277 per mo, 4 w annual vacation with sick lv and holiday

Apply Director of Nurses, John D. Archbold Memorial Hospital, Thomasville, Ga.

REGISTERED & LICENSED PRACTICAL NURSES: Steptoe Valley Hospital, East Ely, Nev. $280 to $357 depending upon qualifications. Send resume to George A. Grayson, Administrator

REGISTERED NURSES & LICENSED PRACTICAL NURSES: Immediate openings on Medical, Surgical and Pediatric floors. Excellent working conditions in 4 year old 100 bed general hospital located in good residential section of midwest lake resort city. Top rate of pay with sick pay benefits, liberal vacation plan, hospital paid pension plan and other fringe benefits. Write today to Box MH-1 c/o R.N. Magazine, Oradell, N.J., giving full resume first letter.

REGISTERED NURSES FOR CALIFORNIA STATE HOSPITALS: Graduate Nurses without experience start at $358, first increase after 6 mos ; nurses with one year of psychiatric nursing experience start at $376. Inservice training program features new trends in psychiatric care and treatment as well as basic and advanced courses in psychiatric nursing. Opportunities for promotion to administrative positions in hospitals for mentally ill and mentally retarded. Nurses registered in other states are usually eligible for Calif. license without examination. Write State Personnel Board, 801 Capitol Ave., Box 153, Sacramento, Calif.

REGISTERED NURSES FOR SUPERVISORY & STAFF POSITIONS: Starting salary $332 and $297. Further information on request. Write Director of Nursing, Tulare-Kings Counties Hospital, Springville, Calif.

REGISTERED PROFESSIONAL NURSES: 785 bed general medical and surgical Veterans Administration Hospital, Dallas, Tex. Nursing positions available, grade and salary dependent upon professional qualifications. Minimum annual salary is $4425, annual pay increment and excellent promotional opportunities. Personnel policies normally include 40 hr wk, 30 days annual lv., 15 days sick lv, 8 holidays. Citizenship required. Write Chief, Nursing Service, VA Hospital, Dallas, Tex.

REGISTERED PROFESSIONAL NURSES: This is your opportunity to re-locate in Southern California. Choice positions open now in modern new 100 bed general hospital. Base salary $315, $20 differential for afternoons and nights, $10 for special services. Yearly raises. Time and one-half over 40 hrs, pd vacations, holidays, sick lv, hospital insurance. Apply to Director of Nurses, Rio Hondo Memorial Hospital, 8300 Telegraph Road, Downey, Calif.

REGISTERED PROFESSIONAL NURSES: For supervisory, teaching and general staff positions. Salary commensurate with education and experience. Base salary starts at $347 per mo with $30 monthly p.m. and night differential plus $2 bonus for Saturdays, Sundays and holidays worked. Other benefits. Progressive personnel policies. 250 bed JCAH approved teaching hosp. on Northside Chicago near educational, cultural and recreational activities. 20 mins. from Chicago Loop. Reasonable, good living accommodations nr hosp. Write to Director of Nursing, Ravenswood Hospital, Wilson Ave. at Winchester, Chicago 40, Ill.

REGISTERED PROFESSIONAL NURSES: For supervisory, educational and general staff

positions. Liberal personnel policies. 40 hr wk, differential for eve, nights and OR. Social Security. Christ Hospital, 176 Palisade Ave., Jersey City, N.J.

REGISTERED STAFF NURSES: Immediate openings. Start $337 per mo, differential pay, 5 day wk, 11 pd holidays, sick lv, group insurance, good working conditions, lge gen hosp. Contact Personnel Director, 732 E. Main St., Stockton 2, Calif.

REHABILITATION NURSING AT CHILDREN'S CENTER: Opening for R.N. interested in rehabilitation. Experience not necessary. Top salaries, liberal policies. Crotched Mountain Rehabilitation Center. Greenfield, N.H.

SCHOOL OF ANESTHESIA: Approved by the AANA. Open to registered nurses of accredited schools of nursing. Applications being received for August and February classes. For complete information and application blanks write to Everard R. Hicks, Director of The School of Anesthesia, The McLeod Infirmary, Florence, S.C.

STAFF NURSES: New York State Cancer Research Institute, Buffalo, affiliated with Univ. of Buffalo. 304 bed, all modern hosp. $336 to start, 40 hr wk, Social Security, retirement plan, liberal sick and annual lv and free uniform laundry. Apply to Director of Nursing, Roswell Park Memorial Institute, 666 Elm St., Buffalo 3, N.Y.

STAFF NURSES: (a) Pacific Island Veterans hosp. $350. (b) Two for 12 bed hosp, friendly Alaskan village, ideal for outdoor enthusiasts. $300 up. RN10-7 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

STAFF NURSES: Modern 245 bed gen hosp midway between Denver and Yellowstone Park. Minimum salary $285, experienced nurses considered for merit increase after 3 mos employment, maximum salary $325, 40 hr wk, 8 pd holidays, 2 wks vacation, 12 days sick lv, accumulative to 60 days. Uniform laundry without charge. Rooms available at $30 per mo. See June '56 issue Modern Hospital for information about hosp. Write Director Nursing Service, Memorial Hospital, Casper, Wyo.

STAFF NURSES: For psychiatry and medical-surgical duty: New, ultra modern 170 bed hosp located near Beverly Hills in Los Angeles as psychiatric and medical-surgical staff positions available. Excellent opportunities for professional advancement and personal enjoyment. Salaries start at $315 to $345 per mo. Many other personnel benefits including paid vacation, hospitaliation, life insurance. Write for brochure to Director of Personnel, Mount Sinai Hospital, 8720 Beverly Blvd., Los Angeles 48, Calif.

STAFF NURSES: 225 bed Southern California hospital on ocean front. Attractive personnel policies. Salary for California registered nurses starts at $300. Increases on merit. Apply to Director of Nursing, Santa Barbara Cottage Hospital, Santa Barbara, Calif.

STAFF NURSING: Immediate openings for Staff Nurses, good salary, Social Security, vacation, sick leave, 40 hr wk, 2 meals, laundry, college town. Call or write Mrs. Edwina McKnight, Director of Nurses, Floyd Hospital, Rome, Ga.

SUPERINTENDENT OF NURSES: Salary open. Also General Duty Nurses. 50 bed general hospital thriving village Catskill Mountains. Average salary $272.45 mo., 8 hr day, 5 day wk, pay weekly, pd vacation, Social Security, other benefits. Full maintenance available $10.50 week. Apply Margaretville Hospital, Margaretville, N.Y. Phone 0501.

SUPERVISOR-INSTRUCTOR: JCAH accredited 210 bed gen hosp, NLN temporarily accredited school of Nursing, has opening for supervisor-instructor in Obstetrics, 31 bed dept. averaging 100 deliveries per mo. Responsible for formal instruction, supervision of students' clinical experience and nursing service supervision. Academic preparation and experience req'd. Good personnel policies. Apply Director of Nursing, White Plains Hospital, White Plains, N. Y. WH 9-4500.

SUPERVISOR-OPERATING ROOM: 267 bed gen hosp. JCAH approved. Nr. Philadelphia. Sal. commensurate with education and experience. Apply Director of Nursing Service, Chester Hospital, Chester, Pa.

SUPERVISORS: (a) Night Supv, 300 bed hosp, Greater Manhattan. $5000. (b) OR, int. in advancement to Director, 55 bed hosp, Illinois. $5000. (c) OR must have executive ability, 500 bed hsp, 9 suites, modern equip, Colorado, top salary. (d) Supv. Intensive Therapy, 13 bed surg. unit. 1000 bed univ med ctr, MW. $5000. RN10-8 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

SURGICAL REGISTERED NURSES-STAFF REGISTERED NURSES: 240 bed gen. hosp. 40 hr wk, 15 working days, pd vacation, 7 pd holidays, sick lv. Surgery starting base pay $338. Stand by & call back time extra. Staff R.N. starting pay $332 mo. Regular pay increases. P.M. & night differential $10. Yolo General Hospital, P.O. Box 210, Woodland, Calif.

SUTURE NURSES: Work with top nurses and surgeons. Opportunity experience in radical procedures. 5 day wk schedule. Teachers College learn-earn plan now open to operating room nurses combines study with experience at full salary. Good basic preparation needed, learn specialty here. $300-340 mo. plus ½ pay for on-call hours. 4 wks vacation, other benefits. See our ad High Caliber Registered Nurses. Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E. 68th St., New York 21, N.Y.

TOP OPERATING ROOM SUPERVISOR: An excellent position for the right nurse. Available immediately. 442 bed hosp. Supervisory experience in a similar size or larger hosp. req'd. 5 major and 3 minor OR's. Over 9000 procedures performed in 1957. Dept. is well staffed. Student nurse training under direction of full-time instructor in surgery. Write or call the Director of Nursing Service, Saint Luke's Hospital, 601 East 19th Ave., Denver 3, Colo.

VETERANS ADMINISTRATION CENTER: Dayton, Ohio, an 820 bed hospital affiliated with Ohio State University offers opportunities for professional nurses in medical, surgical, geriatric and tuberculosis nursing. Monthly salary: $370 to $795. Facilities for educational advancement at University of Dayton and Miami University. In-service education program, annual salary increases, 30 days vacation, 15 days sick lv, 8 holidays, retirement plan, living quarters available. Full U.S. Citizenship required. Write: Chief, Nursing Service, Administration Center, Dayton, Ohio

X-RAY TECHNICIANS: Registered or graduate. Immediate openings. 40 hr wk, good salary, liberal employee benefits, pleasant working conditions, convenient location. Apply to: X-Ray Dept., St. Anne's Hospital, 4950 W. Thomas St., Chicago 51, Ill.

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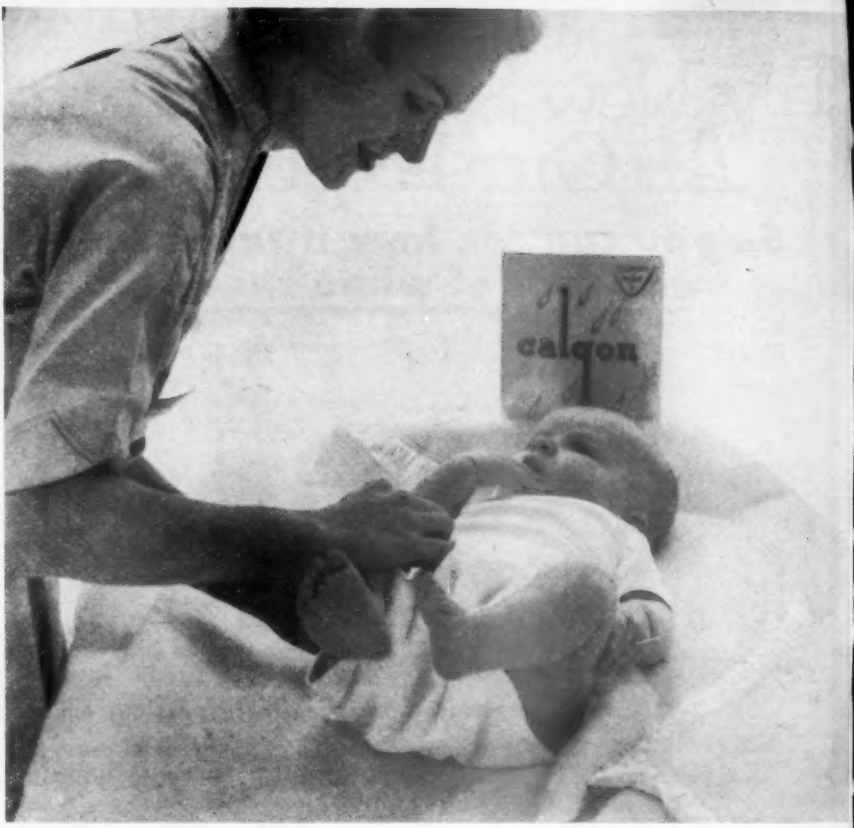

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